Good Governance Institute

Non-Executive Director Induction Manual

Medway NHS Foundation Trust

Good Governance Institute (GGI)

April 2016

The Good Governance Institute

GGI exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat - in short, all aspects of being human.

We work to make sure that organisations are run by the most talented, skilled and ethical leaders possible and work to fair systems that consider all, use evidence, are guided by ethics and thereby take the best decisions.

Good governance of all organisations, from the smallest charity to the greatest public institution, benefits society as a whole. It enables organisations to play their part in building a sustainable, better future for all.

Contents

1. Welcome from the Chairman

Welcome to Medway Foundation Trust

We are delighted to welcome you to the role of non-executive director at the Medway Foundation Trust. This is an exciting time to be part of the Trust as we continue on our journey of improvement.

As a non-executive director you play an important role on that journey, working along side the executive directors to shape board decisions and guide the Trust.

We hope that you find this handbook a useful tool to support you in your role.

Shena Winning
Chairman

2. How does the NHS work?[1]

2.1 The NHS

The NHS was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth – a principle that remains at its core.

Since its launch in 1948, the NHS has grown to become the world's largest publicly funded health service. It is also one of the most efficient, most egalitarian and most comprehensive.

Key facts:

- the NHS is one of the largest employers in the world, along with the Chinese People's Liberation Army, the Indian railways and the Walmart supermarket chain
- the NHS in England and Wales employs around 1.3 million people. This is approximately 1 in 23 of the working population
- around 77% of today's NHS workforce is female
- nurses make up the largest part of the NHS workforce, at just under 30%

2.2 The Five Year Forward View

The NHS Five Year Forward View is an important document that sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority, and published on 23 October 2014.

The purpose of the Five Year Forward View is to articulate why change to the current healthcare model is needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

It also lays bare the stark choices the country now faces, arguing that unless decisive action is taken, in five years' time we will face a growing health and care quality gap.

In particular it outlines the action needed on four fronts:

- do more to tackle the root causes of ill health. The future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. The Forward View backs hard-hitting action on obesity, alcohol and other major health risks
- commit to giving patients more control of their own care, including the option of combining health and social care, and new support for carers and volunteers
- the NHS must change to meet the needs of a population that lives longer, for the millions of people with long-term conditions, and for all patients who want person centred care. It means breaking down the boundaries between family doctors and hospitals, between physical and mental health and between health and social care. The Five-Year Forward View sets out new models of care built around the needs of patients rather than historical or professional divides
- action needed to develop and deliver the new models of care, local flexibility and more investment in our workforce, technology and innovation

It also demonstrates how delivering on a number of transformational changes, combined with staged funding increases as the economy allows could feasibly close the £30 billion gap by 2020/21, and secure a far better health service for England.

For more information and to access the Five Year Forward View please visit: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

1) NHS England (2014) Understanding the new NHS

2.3 NHS values

The NHS values describes the NHS' aspirations in terms of providing NHS services, to facilitate co-operative working at all levels of the NHS.

The NHS values were developed through extensive consultation with staff, patients, and the public, and provide a framework to guide its work. They are as follows:

Working together for patients: Patients come first in everything we do. We fully involve patients, staff families, carers, communities, and professionals inside and outside the NHS. We speak up when things go wrong.

Compassion: We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety, or need.

Commitment to quality of care: We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness, and patient experience – right every time.

Respect and dignity: We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.

Improving lives: We strive to improve health and wellbeing and people's experiences of the NHS.

Everyone counts: We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind.

2.4 NHS Constitution

The NHS Constitution was published by the Department of Health in 2011. It is the first document in the history of the NHS to explicitly set out what patients, the public, and staff can expect from the NHS and what the NHS expects from them in return. Importantly, the Constitution cannot be altered by government without the full involvement of staff, patients, and the public, and so gives protection to the NHS against political change.

The following are legally required to abide by the NHS Constitution when making decisions:

- the Secretary of State for Health
- all NHS bodies including clinical commissioning groups, NHS trusts and NHS FTs
- private and voluntary sector providers supplying NHS services
- local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

For more information and to download a copy of the NHS Constitution please visit www.nhs.uk/nhsconstitution

2.5 An overview of the Health and Social Care Act 2012

It is important to understand how the NHS was reshaped by The Health and Social Care Act 2012, introduced on 1 April 2013. Key changes include:

1. **A move to clinically led commissioning:** planning and purchasing healthcare services for local populations had previously been performed by England's 152 primary care trusts. These have now been replaced by clinical commissioning groups, led by GPs, who are responsible for the majority of the NHS budget.

2. **An increase in patient involvement in the NHS:** Healthwatch and Healthwatch England were established to drive patient and public involvement across health and social care in England locally and nationally respectively.

3. **A renewed focus on the importance of public health:** Public Health England, an executive agency of the Department of Health, was established to protect and improve the nation's health and to address health inequalities.

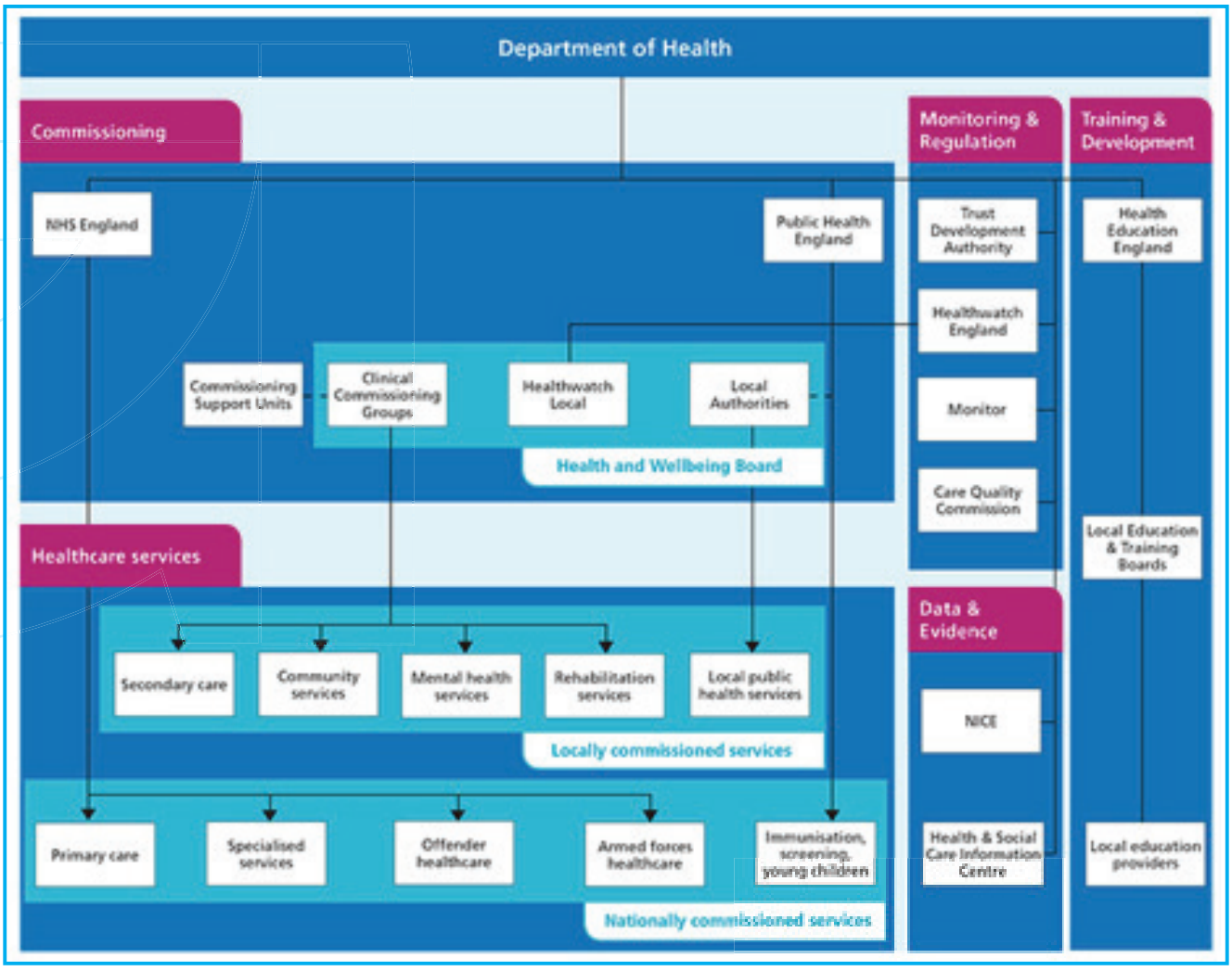
4. **A streamlining of 'arms-length' bodies:** responsibility was granted to the National Institute for Healthcare Excellence (NICE) to develop guidance and set quality standards for social care. The Health and Social Care Information Centre was also tasked with responsibility for collecting, analysing and presenting national health and social care data.

5. **Allowing healthcare market competition in the best interests of patients:** The Act aimed to allow fair competition for NHS funding to independent, charity and third-sector healthcare providers, in order to give greater choice and control to patients in choosing their care. To protect the interests of patients under these new arrangements, Monitor was established as the sector regulator for health services in England.

For more information on the changes resulting from the act please visit: www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets

2.6 Structure of the NHS

The current structure of the NHS can be divided into five key elements: commissioning, healthcare services, monitoring and regulation, training and development, and data and evidence. How these services all interact can be seen below:



2.7 What is commissioning?

The day-to day operations of the NHS can be split into two major functions: commissioning services for patients and providing them.

NHS provided healthcare is commissioned on behalf of local populations by both NHS England and Clinical Commissioning Groups (CCGs). It is then provided through various forms of primary care, and larger NHS and independent-sector healthcare providers.

2.8 Who are the relevant commissioning bodies?

NHS England

NHS England was formally established as the NHS Commissioning Board in October 2012. It is an is an executive non-departmental body responsible for the direct commissioning of services which are more appropriate to commission at a national level, as opposed to locally. Such services include specialised services, healthcare for offenders, some healthcare for the armed forces and those primary care services not delegated to CCGs.

NHS England also holds responsibility for the authorisation, development and oversight of CCGs, provides resources and information to CCGs and holds CCGs to account.

Clinical Commissioning Groups

CCGs were created through the Health and Social Care Act 2012 to be the fundamental commissioning unit of the NHS, replacing the previous system of primary care trusts. Each of the 209 CCGs serves a median population size of around 250,000 people.

CCGs have been designed to be clinically led and responsive to the health needs of their local populations. They are membership bodies made up of GP practices in the area they cover, with the idea being that local GPs have a well-grounded understanding of the health needs of their population and, consequently, they should take the leadership in deciding how and where care should be commissioned and delivered. All GP practices are required to be a member of a CCG.

CCGs are responsible for commissioning the following services in their 'patch':

- Urgent and emergency care (for example, A&E)
- Elective hospital care (for example outpatient services and elective surgery)
- Community health services (services that go beyond GP)
- Maternity and newborn
- Mental health and learning disabilities
- Through co-commissioning CCGs are also now able to commission some GP services

What is co-commissioning?

Co-commissioning refers to the process whereby CCGs are being given the opportunity to assume greater powers to directly commission primary medical services and performance manage practices but not individuals.

It is considered by NHS England to be a key enabler of the NHS Five Year Forward View: both to implement the new deal for primary care, and to support the development of new models of care.

Commissioning Support Units

Commissioning Support Units assist CCGs in the more practical aspects of their roles. They are hosted by NHS England and help commissioners to maximise the use of resources and achieve the best outcomes for patients.

Health and Wellbeing Boards

Health and Wellbeing Boards were also created by the Health and Social Care Act 2012, and provide a forum through which key leaders from the health and social care system can come together to improve the health and wellbeing of their local population, and reduce health inequalities.

The Health and Wellbeing Board must consist of at least:

- one local elected representative
- a representative of the local Healthwatch organisation
- a representative of each local clinical commissioning group
- the local authority director for adult social services
- the director of public health for the local authority
- the local authority director for children's services

In particular they will:

- have strategic influence over commissioning decisions in health, public health, and social care
- ensure stronger democratic legitimacy and involvement
- strengthen working relationships between health and social care
- encourage the development of more integrated commissioning of services

2.9 Who is healthcare provided by?

Once commissioned, NHS services are delivered by a number of different organisations called providers. Provider organisations are predominantly known as trusts, which can be classified as NHS foundation trusts or NHS trusts.

What is the difference between an NHS foundation trust and an NHS trust?

Existing NHS Trust	NHS Foundation Trust
Department of Health and the local Strategic Health Authority are responsible for approving decisions on big financial investments.	A Foundation Trust is free to make its own decisions based on the needs of the local population, subject to the requirements of the law and the independent regulator of NHS Foundation Trusts, Monitor.
Department of Health and the local Strategic Health Authority control over how the Trust spends its money. Any money left over at the end of the year may have to be given back.	A Foundation Trust is able to use all of its finances for local health services. Any savings that are generated by making services more efficient can be invested directly back into local patient care.
NHS Trusts focus on meeting central Government targets and priorities.	A Foundation Trust must still meet Government targets but is able to focus on local priorities as well.
NHS Trusts only use feedback from patients in individual services.	A Foundation Trust maintains contact with patients in individual services. It also has a responsibility to engage with the whole community via its Members and to offer them the opportunity to shape future plans.
NHS Trusts must apply to the local Primary Care Trust or Department of Health if funds are needed to make improvements.	A Foundation Trust can borrow money for small and medium sized improvements so that important changes can be made quickly. However, a Foundation Trust is expected to make good business and financial decisions and may only borrow money if it can afford to repay it.
NHS Trusts provide clinical services based on past requirements.	A Foundation Trust can respond more quickly to the changing needs of its community. This could be a growing population or a greater number of cases of a particular condition (i.e. diabetes, heart disease etc.).
NHS plans are only made for the next 1-2 years.	A Foundation Trust must have a clear plan for the next 5 to 7 years with input from the local community, making sure it understands the challenges ahead, including what money, staff and facilities will be needed in the future.

NHS trusts and NHS foundation trusts

NHS trusts and NHS foundation trusts deliver a various forms of secondary care, that being those medical specialists who do not have first point of contact with a patient, that are usually described in the following categories:

- Acute services, these being hospital services including both emergency and planned care, and inpatient and outpatient services
- Community services, provided out of hospital through community-based teams
- Mental health care, which includes both inpatient and community-delivered services
- Learning disabilities, being specialised care for people with learning disabilities and provided in the community
- Ambulance services, including emergency out of hospital care and patient transport services

Increasingly, health and social care services are being designed to be more joined up. This is often described as integrated care.

What is integrated care and what is driving it?

For health, care and support to be 'integrated', it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more holistic approach to health, care and support needs, that puts the needs and experience of people at the centre of how services are organised and delivered.

Where local areas have succeeded in integrating health, care and support services, too often it has been despite of the national system rather than because of it.

Primary care services

Usually patients first port of call in the NHS, primary care services are delivered by a wide variety of providers including general practices, dentists, optometrists, pharmacists, walk-in centres, and NHS 111.

Around 90% of patient interaction is with primary care, and there are more than 7,500 general practices in England providing primary care.

Acute trusts

Acute trusts provide secondary care and more specialised services.

Ambulance trusts

Ambulance trusts manage emergency care for life-threatening and non-life threatening illnesses, including the NHS 999 service. In some areas ambulance trusts are also commissioned to provide non-emergency hospital transport services and/or the NHS 111 service.

Mental health trusts

Mental health trusts provide community, inpatient, and social care services for a wide range of psychiatric and psychological illnesses. Mental health services can also be provided by other NHS organisations, the voluntary sector, and the private sector.

Community health services

Community health services are delivered by foundation and non-foundation community health trusts. Services include district nurses, health visitors, school nursing, community specialist services, hospital at home, NHS walk-in-centres and home-based rehabilitation.

2.10 How is the NHS regulated and monitored?

The NHS is largely funded through central taxation and therefore must be accountable to parliament for its use of public funds. The way in which the NHS is held to account is through its regulators.

Regulation of health care in England is focused on two main areas: the quality and safety of care by providers, led by the Care Quality Commission, and the regulation of the market in health care services, led by Monitor.

2.11 Who are the relevant regulatory and monitoring bodies?

Monitor

Monitor is the financial regulator of foundation trusts. It works to ensure that:

- NHS foundation trusts are well-led and well-run, so they can provide quality care
- essential NHS services are maintained if a provider is in difficulty
- the NHS payment system promotes both quality and efficiency
- procurement, choice, and competition operate in the best interests of patients

To find out more go to: https://www.gov.uk/government/organisations/monitor

The Care Quality Commission (CQC)

The CQC monitor, inspect and regulate health and adult social care services in England to make sure they meet fundamental standards of quality and safety. If services are not meeting these standards then the CQC has the power to issue warnings, restrict the service, issue a fixed penalty notice, suspend or cancel registration, or prosecute the provider.

To find out more go to: http://www.cqc.org.uk/

The Trust Development Authority (TDA)

The TDA is responsible for providing leadership and support to the non-foundation trust sector of NHS providers. It oversees the performance management of these NHS Trusts, to ensure the provision of high quality and sustainable services and guide such organisations to achieve foundation trust status. Key duties if the TDA include:

- monitoring the performance of NHS Trusts, and providing support to help them improve the quality and sustainability of their services
- assurance of clinical quality, governance and risk in NHS Trusts
- supporting the transition of NHS Trusts to Foundation Trust status
- appointments to NHS Trusts of chairs and non-executive members and trustees for NHS Charities where the Secretary of State has a power to appoint

The General Medical Council (GMC)

The GMC is the independent regulator of doctors in the UK. Its key functions include:

- setting the standards required of doctors practising the UK
- overseeing the qualification, education, and training of UK doctors
- ensuring that doctors continue to meet these standards throughout their careers through a five-yearly cycle of revalidation
- taking action when a doctor may be putting the safety of patients at risk

What is revalidation?

Revalidation is the process by which clinicians must demonstrate to their regulatory bodies that they are up to date and fit to practice.

It is based on local evaluation of the clinician's performance through appraisal.

The Nursing and Midwifery Council (NMC)

The NMC regulates the nurses and midwives in the UK.

Some of its key responsibilities include:

- setting professional standards of education, training, performance, and conduct
- ensuring that these standards are met and upheld
- investigating nurses and midwives who, it is suggested, are falling short of these standards

Healthwatch

Healthwatch England is the national consumer champion in health and care. It has significant statutory powers to ensure the public and patient voice is strengthened and heard by those who commission, deliver, and regulate health and care services.

Healthwatch works on both a national and local level, and all local authority's in England will have a Healthwatch.

2.12 How is the NHS financed?

The Treasury allocates money to the Department of Health, who in turn distribute money to NHS England.

NHS England currently receives around £96 million a year from the Department of Health, approximately £30 billion of which is retained for its running costs and the services it commissions directly.

The remaining money, £64 billion, is allocated to CCGs to commission services for their local populations.

2.13 Other important services

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

Health and Social Care Information Centre

The Health and Social Care Information Centre is the national provider of information, data and IT systems for health and social care.

Health Education England

Health Education England is responsible for the education, training and personal development of every member of staff, and recruiting for values.

Public Health England

Public Health England works to protect and improve the nation's health and wellbeing, and reduce health inequalities.

The Department of Health

The Department of Health is committed to improving the quality and convenience of care provided by the NHS and social services. Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living.

They have responsibility for standards of health care in the country, including the NHS. They set the strategic framework for adult social care and influence local authority spend. They also set the direction on promoting and protecting the public's health, taking the lead on issues like environmental hazards to health, infectious diseases, health promotion and education, the safety of medicines, and ethical issues.

For more information on the Department of Health and what they do go to https://www.gov.uk/government/organisations/department-of-health

The NHS Litigation Authority (NHSLA)

The NHSLA is a Special Health Authority (part of the NHS), responsible for handling negligence claims made against NHS bodies in England. In addition to dealing with claims when they arise, we have an active risk management programme to help raise standards of care in the NHS and hence reduce the number of incidents leading to claims.

NHSLA also monitor human rights case-law on behalf of the NHS through our Human Rights Act Information Service. Since April 2005 they have been responsible for handling family health services appeals and in August 2005 they acquired the further function of co-ordinating equal pay claims on behalf of the NHS. To find out more go to www.nhsla.com

NHS Providers

NHS Providers is the membership organisation for NHS public provider trusts. They represent every variety of trust, from large acute and specialist hospitals through to community, ambulance and mental health trusts. Their members provide the full range of NHS services in hospitals, the community and at home.

NHS Providers is the single voice for NHS public providers, recognised for its effective lobbying and influence within government, as a promoter of shared learning, and as a provider of exceptional support and development for our members.

NHS Providers is the new name for the Foundation Trust Network, which was set up in June 2004, and currently has over 200 NHS organisations in membership - including nearly all of the authorised foundation trusts and most of the NHS trusts preparing for foundation trust status.

NHS Providers is a member owned charity with a board of elected trustees working with and for their members to promote a vibrant and sustainable NHS public provider sector. The board meets ten times a year and is chaired by Dame Gill Morgan.

Membership of NHS Providers is open to all NHS foundation trusts and trusts.

This website provides all the latest news and information about foundation trusts and the NHS Providers, along with regular updates for members.

http://www.nhsproviders.org

The Foundation Trust Governor's Association (FTGA)

The Foundation Trust Governors' Association (FTGA) joined forces with NHS Providers during 2014. Over time this will lead to exciting new opportunities for governors and those involved with governors, building on the FTGA's work and the NHS Providers' existing programme.

The Foundation Trust Governors' Association (FTGA) was the national representative body for foundation trust governors before the membership voted overwhelmingly to join forces with the NHS Providers, which was finalised in November 2014.

There is an enhanced governor support programme – and the FTGA has the opportunity of reaching a far larger number of governors than before. Both organisations have always worked closely with Monitor, the HSJ and NHS Confederation, so they are fully plugged into the world of healthcare and aim to pass that knowledge on to members in practical terms that they can use in their roles.

The combined services and products include:

- the NHS Providers' website, which contains a huge amount of information pertinent to governors
- a dedicated governor support telephone line – 020 7304 6912 – and email address: governors@foundationtrustnetwork.org
- an ex-FTGA member of staff, Jane Wharam, whose role is to help governors with advice and queries

The NHS Commissioning Board Special Health Authority (NHS CBA)

The NHS CBA was established on 31 October 2011, plays a key role in the Government's vision to modernise the health service and secure the best possible outcomes for patients. Its role is to make all the necessary preparations for the successful establishment of the NHS Commissioning Board (NHS CB) in October 2012 before it takes on full statutory responsibilities in April 2013. In the meantime, all current NHS planning and delivery responsibilities remain with the Department of Health, strategic health authorities and primary care trusts.

NHS Choices

NHS Choices provides information from the National Health Service on conditions, treatments, local services and healthy living.

NHS Direct

NHS Direct provides health advice and information service. Check your symptoms online, and find out how to get trusted information on conditions.

3. About Medway NHS Foundation Trust

3.1 Trust Website

Medway NHS Foundation Trust regularly updates its website where you will find a host of corporate information publically available at http://www.medway.nhs.uk.

3.2 About Us

Who we are and what we do

Medway NHS Foundation Trust is one of four hospital trusts in Kent and Medway. We employ over 4,000 staff and treat around 400,000 patients from Medway and Swale, and increasingly other parts of North and West Kent.

The Trust is predominantly based at Medway Maritime Hospital, which is the largest and busiest hospital in Kent, seeing around 1,400 outpatients per day.

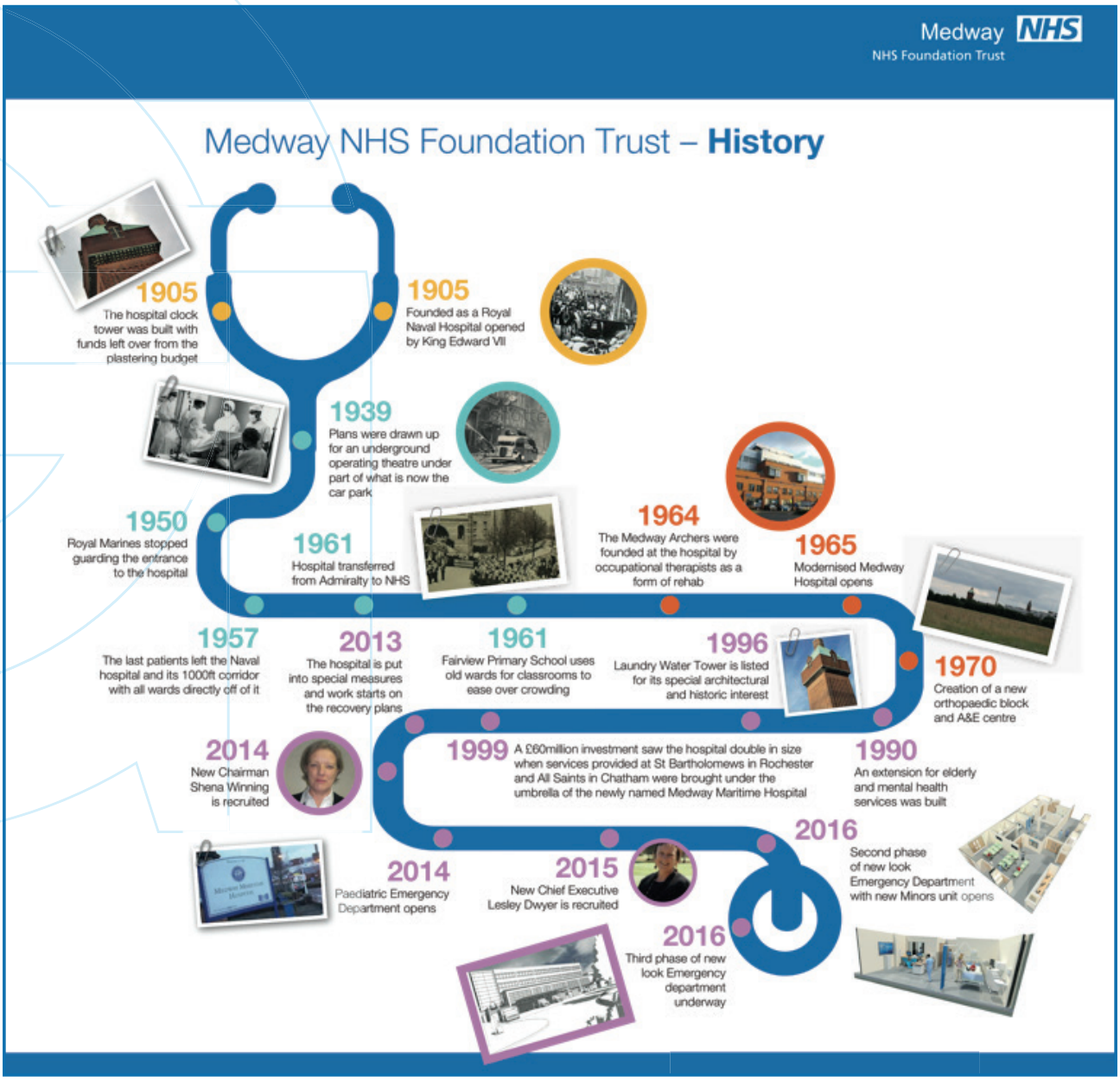
Our local economy

The population of 263,900 from Medway and 135,800 in Swale served by the hospital is increasing, particularly across the Medway towns and the Thames Gateway, as well as other areas of Kent.

Medway is characterised by a highly populated urban area around the river Medway estuary, to the north and west of which lie substantial rural areas. Medway is also part of the Thames Gateway, a national priority area for regeneration and growth.

The Medway towns include several areas of high social deprivation and consequently, health needs are higher here than in most other parts of Kent.

History of the Trust



3.3 Becoming a foundation trust

Medway Maritime Hospital became a foundation trust after undergoing a thorough process of application during 2007/08 to Monitor, which is the independent organisation who have been appointed as the regulating body for all foundation trusts in England and Wales.

As part of that application process to monitor the trust was requested, amongst other tasks, to develop a five year integrated business plan. Development, sustainability, budget forecasting and re-investment policies were integral areas included in this plan.

Authorisation

The Trust was authorised as Medway NHS Foundation Trust on 1st April 2008. Monitor (and now NHS Improvement) plays an active part in the Trust's development as a Foundation Trust by regularly reviewing the Trust's progress against its plans.

3.4 Our vision

Better Care Together

Better Care Together means putting patients at the centre of what we do.

We will provide high quality core patient services at both of our hospitals and develop enhanced specialist services. By core services, we mean both hospitals will offer:

- Accident and Emergency departments, led by consultants
- Outpatient services
- Paediatric (children's) services
- Comprehensive maternity services

3.5 Our values

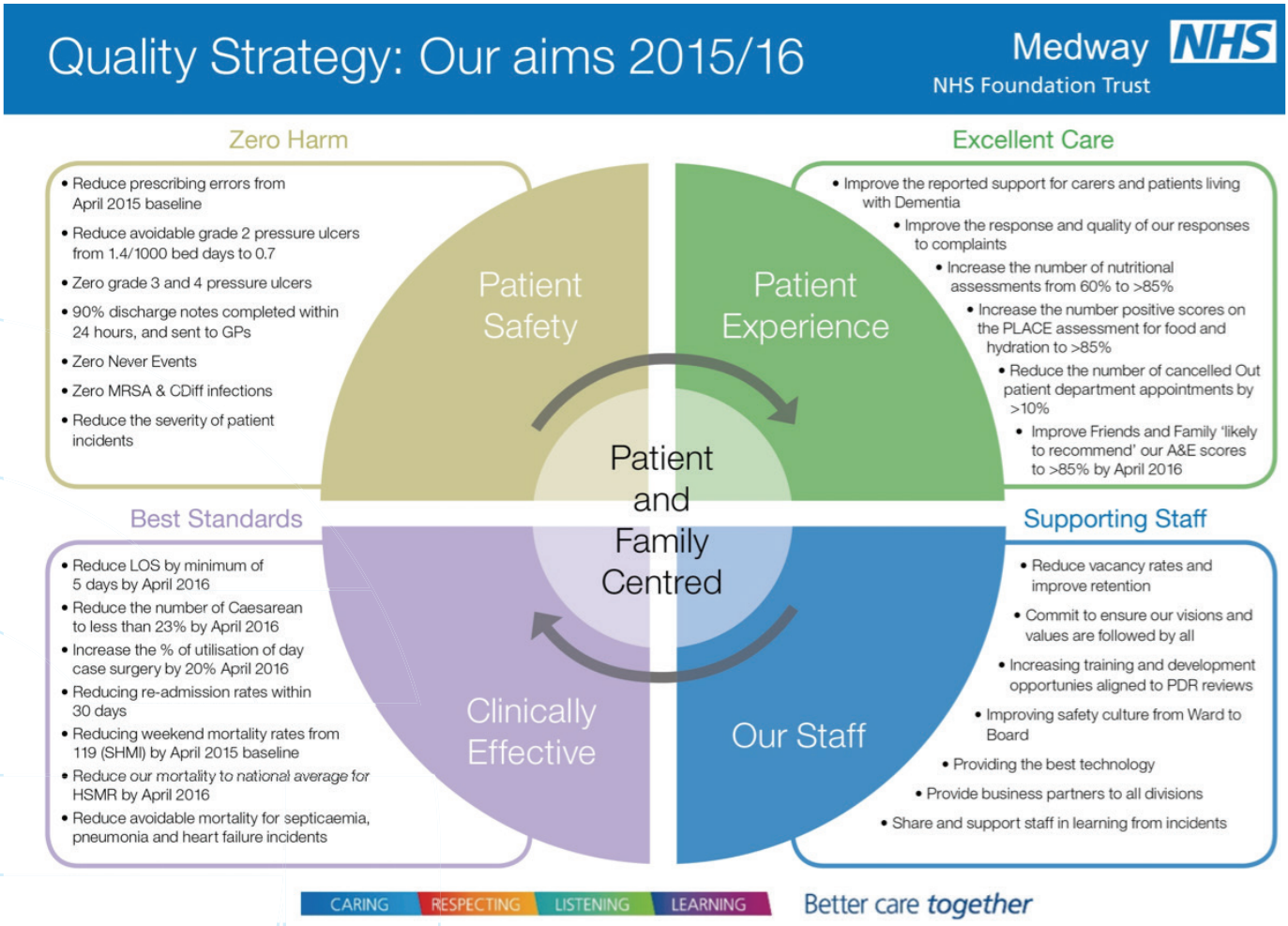
- caring
- listening
- learning
- respecting

3.6 Strategy and key objectives

Medway NHS Foundation Trust will be a centre of effective, modern healthcare delivery for the growing communities we serve in Medway and Kent. The Trust will be recognised as a high-performing provider of core and specialist services with a distinctive, patient-centred and responsive service philosophy. This philosophy will be demonstrated by best practice in:

- patient safety – we will ensure high quality care for patients
- patient experience – we will offer superb services to patients and carers
- public engagement – we will listen to and communicate openly with the public, members and governors

Our key objectives for 2015/16 are as follows:



3.7 Our Board

The board is repsonsible for the running fo the organisation and monitors its performance against its priorities. Made up of both executive and non-executive directors, the board acts as the 'controllong mind' of the organisation and is responsible for setting and developing the strategic direction of the organisation, sustaining business viability and holding the executive directors to account for all aspects of the organisation's activities, including quality and safety of patient services, financial management and legal compliance. The role also includes seeking assurances from the executive directors that risks to the organisation are being appropriately assessed and managed.

What is a non-executive director (NED)?

The non-executive director's role is to provide a creative contribution to the board by providing objective criticism.

Non-executive directors are expected to focus on board matters and not stray into 'executive direction,' thus providing an independent view of the company that is removed from day-to-day running.

What is an executive director?

The Executive Directors are responsible for the operational management of the Trust. They sit on the Board of Directors as well as being employees of the Trust.

Shena Winning

Chairman

Professional Profile

Shena Winning is a Chartered Accountant with more than 30 years commercial experience gained in the retail sector, latterly as CFO for Carpetright plc.

Over the past eleven years Shena has been engaged in a portfolio of consultancy and non-executive positions in listed, mutual, charitable and public sector organisations. Notably she was a non -executive director and chair of the audit committee for Swallowfield plc for the period from October 2003 to February 2005, and non-executive chair of the board from March 2005 to April 2011.

Her first experience of working with the NHS was as a non-executive director and chair of the audit committee for South East Coast Community Health Trust for the period from March 1996 to September 1998. She was appointed as a non- executive director and chair of audit committee at Queen Victoria NHS Foundation Trust in October 2003 following grant of foundation trust status and continued to sit on the board until March 2014.

On 1st January 2014 Shena was appointed as a strategic advisor to South London Commissioning Support Unit.

Shena was appointed to the Board of Medway NHS Foundation Trust on 1 December 2013 as a non-executive director. Shena's role as Trust chair commenced on 8 September 2014.

PA name and contact details
Sharon Tree: 01634 830000 ext 5147 - S.tree@nhs.net

Executive Directors

Lesley Dwyer

Chief Executive

Professional Profile

Lesley Dwyer joined Medway NHS Foundation Trust from West Moreton Health Service where she held the same role leading the turnaround of a poorly performing hospital into one of the highest performing.

Originally a nurse and midwife, Lesley is a highly experienced chief executive with more than 30 years experience across the public health system at senior leadership, strategic and operational levels.

She has extensive experience in both driving reform and transformation projects.

PA name and contact details
Mandy Cordwell: 01634 830000 ext 3944 - Mandy.cordwell@medway.nhs.uk

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Dr Diana Hamilton-Fairley

Medical Director

Professional Profile

Diana is a Consultant Obstetrician and Gynaecologist at Guys and St Thomas's NHS Foundation Trust (GSTT) since 1996 and has recently been promoted to Director of Education Transformation at Guys and St. Thomas'.

Diana was previously joint Director of Quality and Education for Health Education South London (South London LETB) 2013-14. As Dean of Secondary Care Specialties at the London Deanery from2011-2013, Diana led on commissioning and quality management of commissioned and non-commissioned postgraduate medical education. Diana was elected as the London Fellow's representative for the Council of RCOG in July 2011. She is an appointed member of the London Clinical Senate Council. Diana has been Clinical Director for Women's Services and Deputy / Acting Medical Director at GSTT (2004-11) and Head of London School for O&G (2008-11).

Diana introduced Hospital at Night and Taking Care 24/7 in 2004 and 2007 respectively and sat on the National review of the EWTR in 2014. Having been part of the buddying agreement Diana is fully aware of how hard staff work and their dedication to patient care and Diana is looking forward to working with staff and patients at Medway Maritime Hospital to improve patient outcomes and experience.

PA name and contact details
Joanne Adams: 01634 80000 ext 3896 - Joanne.adams@medway.nhs.uk

Executive Directors

Karen Rule

Director of Nursing

Darren Cattell

Director of Finance

Professional Profile

Darren is a qualified Accountant with over twenty years of working in the NHS. Darren joined Medway Foundation Trust in late January 2016 as the interim Director of Finance and has a wealth of experience in financially challenged NHS organisations.

More recent experience includes financial turnaround work in FTs in breach of Licence as well as the development and implementation of Financial Recovery Plans when a Trust faces severe financial difficulties.

Executive Directors

Trisha Bain

Chief Quality Officer

Professional Profile

Trisha was born in North Yorkshire and move to Nottinghamshire to complete her degree. Following completion of her degree in Human Biology Trisha worked for Nottingham Medical School as a health service researcher and completed her PhD related to the epidemiology of injury prevention, this included developing NHS data collection methodology.

After working at a community trust as head of research and effectiveness, Trisha then worked at Commission for Healthcare Improvement (CHI as it was known then) as a regional assessor. She was then seconded to a small team, working with the chief executive of CHI, as project manager to develop the new assessment processes, its information data collection methods to for the renewed regulatory process.

Following this secondment Trish then worked at the National Patient Safety Agency as a regional manager and developed national patient safety solutions. Prior to coming to Medway Trisha was instrumental in turning around an electronic patient record (EPR) implementation in her role as executive director for health informatics.

Lynne Stuart

Director of Governance, Risk, Compliance and Legal

Professional Profile

Lynne is a qualified Chartered Secretary and Fellow of the Institute of Chartered Secretaries and Administrators (ICSA) with 20 years' experience working as a company secretary in the media, entertainment, food sectors and NHS.

Lynne joined NHS Eastern and Coastal Kent Primary Care Trust in March 2009 and was subsequently appointed Company Secretary to the NHS Kent and Medway cluster of Primary Care Trusts in April 2011 before joining NHS Medway Clinical Commissioning Group in September 2012.

Lynne has wide experience and training in legal and regulatory issues, corporate law, finance, governance and management. Highly regarded for her expertise in corporate governance, Lynne has regularly contributed to the Institute of Chartered Secretaries work on governance in the NHS and associated guidance for clinical commissioning groups. Lynne joined Medway NHS Foundation Trust as Director of Corporate Governance, Risk, Compliance & Legal in February 2016.

Outside work Lynne enjoys spending time with her husband and two children, cooking, theatre, reading and running with her dog.

Non - Executive Directors

Martin Jamieson

Non-executive Director

Professional Profile

Starting as a sales and marketing professional Martin worked within the pharmaceutical and medical device industry for the majority of his career. For the past 16 years he has held a number of managing director roles within Smiths Group (a FTSE 100 company), notably as the managing director of Portex Limited and Smiths Medical International limited which are both headquartered in Kent. Throughout this period he has been responsible for the commercial activity, manufacturing operations and research and development for the business in over 100 international markets. These have included Europe, USA, Japan and increasingly China and India. As a result Martin has extensive experience of a large number of healthcare systems across the world, not least the NHS. After leaving Smiths Group, Martin joined the Country Landowners Association as director general. The primary purpose of the CLA is to provide professional advice to members and lobby government on issues relating to land ownership. Martin returned to the healthcare industry as CEO Rayner Group Ltd - a global based medical device company that developed the first intraocular lens. Over the past year Martin has taken on a large portfolio of roles:

- Chairman of the Board of the Finnish Public Company, Nexstim Plc, focusing on Navigated Brain Therapy
- Non-Executive Director for LightPoint Medical Ltd, an imaging company focusing on the real time diagnosis of cancer during surgery. Non-Executive Director for C-Major Medical Ltd, focusing on needle protection systems.
- Strategic Adviser to Rocket Medical Plc
- Senior Adviser to the private equity house 'Archimed'.

Outside his daily working life he has been deputy and then chairman of the Confederation of British Industry (CBI) in the South East. Martin was also a director of the Smiths Industries pension fund for over 10 years.

Martin is a member of the Association of British Healthcare Industries (ABHI), the European Healthcare association (EUCOMED) and the Institute of Directors (IOD).

Martin is a member of the Trust's Integrated Audit Committee (Chair), Investments & Contracts Committee, Charitable Funds Committee and Nominations and Remuneration Committee.

Martin joined the Trust in December 2010.

PA name and contact details
Sharon Tree: 01634 830000 ext 5147 - S.tree@nhs.net

Non - Executive Directors

Tony Moore

Non-executive Director

Professional Profile

In April 2013, after eight years Tony relinquished his full-time position as vice-president Europe, Middle East and Africa with Kimberly-Clark Corporation. Tony has undertaken a wide range of operational and strategic leadership roles during his 35 year career across a range of manufacturing industries.

Additionally, Tony was Director and Chairman of Kimberly-Clark Pension Trust Limited for eight years and has served as a Director of the Valley Invicta Academy Trust based in Maidstone, Kent.

A qualified chartered accountant Tony was apppointed designate Non Executive Director on 1 December 2013 and formally appointed to the Board on 1 April 2014. He is a member of the Trust's Investment & Contracts Committee (Chair), Charitable Funds Committee (Chair), Integrated Audit Committee and Nominations and Remuneration Committee.

PA name and contact details
Sharon Tree: 01634 830000 ext 5147 - S.tree@nhs.net

Jan Stephens

Non-executive Director

Professional Profile

Jan joined Kent Police in 1975 and served for around 36 years as a police cadet, police officer and then as a police manager until November 2011. She first worked in Medway in 1988 returning twice in the 90s and finally in 2006 when she was appointed as Medway's area commander (chief superintendent) before retiring in 2008. Jan also served in Swale as chief inspector of operations and then area commander between 2001 and 2003 and her policing career was varied including senior management roles covering uniform operations, crime investigations and partnership working.

After retiring as a police officer Jan was appointed to a police staff management role - policy and governance manager, which included liaison with Kent Police Authority and coordinating the force's policies.

Jan has lived in Medway since 1988 and is a Trustee of Medway Youth Trust (a charity delivering employment and career guidance services and other development opportunities for young people). She is director of a local residents' management company.

Jan is a member of the Quality Assurance Committee, Nominations and Renumeration Committee, Investment & Contracts Committee, Charitable Funds Committee, Integrated Audit Committee and the non-executive director lead for security.

Jan joined the Trust in August 2011.

PA name and contact details
Sharon Tree: 01634 830000 ext 5147 - S.tree@nhs.net

Non - Executive Directors

Ewan Carmichael

Non-executive Director

Professional Profile

Ewan has had a distinguished 35 year career in the Army Medical Services in the UK and overseas, rising to rank of Major General and Director General of the service, he retired at the end 2014.

He has extensive experience of working with clinicians directly and via the army's link with various NHS hospitals around the country, and has been through the Health Care Commission's inspections who regarded army medical services as exemplary.

Ewan is a specialist in leadership and getting the best out of people. He views the military as being good at fostering excellent multi- disciplinary teams and the integration of systems so that the patient doesn't arrive as a surprise at the next organisation or department.

Ewan has a very keen interest in the patient and the 'health' of the workforce. His experience is wide with regard to assurance and risk management processes.

PA name and contact details
Sharon Tree: 01634 830000 ext 5147 - S.tree@nhs.net

Joanne Palmer

Non-executive Director

Professional Profile

Joanne has had a very successful career in banking, with 16 years' experience at Board level in the UK and with international partners. She has been with Lloyds Bank since 2009 and has been involved in a number of large and difficult transformations.

Joanne brings extensive experience of transformation programmes.
She is used to dealing with stakeholders who have different objectives. She is very focussed on developing sustainable futures rather than short term fixes and believes it is important not to lose sight of the original objective.

PA name and contact details
Sharon Tree: 01634 830000 ext 5147 - S.tree@nhs.net

Company Secretary

David Rice

Company Secretary

Committee Structure to Meet Quality Governance Standards

The Chief Executive is the Accountable Officer responsible for Quality with delegated responsibility for Quality held by the Chief Nurse, Chief Quality Officer and Medical Director. The Committee structure was revised following the self-assessment of the Good Governance as set out in the Governance Framework (May 2015). The Quality Assurance Committee is a sub-committee of the Board, chaired by a non-executive director.

Medway, the host CCG, schedules monthly Clinical Quality Review Group meeting chaired by the Lead GP for quality. This group scrutinises the quality performance of the Trust.

Academic Health Science Network (AHSN) across Kent, Surrey and Sussex has been established. The Trust is an active leader in the Enhancing Quality and Recovery Programmes. The corporate committee structure is supported by Directorate clinical Leads who are responsible for Governance, Audit and Safety and report through their individual Directorate Governance Meetings.

3.8 Our staff

Medway NHS Foundation Trust employs just over 4,000 staff. Our staff include health visitors, nurses (general and specialist), doctors, physiotherapists, occupational therapists, speech and language therapists, psychologists, ophthalmologists, audiologists, podiatrists and dieticians and a range of other health care professionals.

4. Roles and responsibilities for governors[2 3]

4.1 NHS boards

NHS boards play a key role in shaping the strategy, vision and purpose of an organisation. They hold the organisation to account for the delivery of strategy and ensure value for money. They are also responsible for assuring that risks to the organisation and the public are managed and mitigated effectively. Led by an independent chair and composed of a mixture of both executive and independent non-executive members, the board has a collective responsibility for the performance of the organisation.

4.2 What is a non-executive director?

Non-executive directors will work alongside other non-executives and executive directors as an equal member of the board (there is no legal distinction between executive and non-executive directors). They share the responsibility, as well as legal duties and potential liabilities, with the other directors for the decisions made by the board and for the success of the organisation in leading the local improvement of healthcare services.

Non-executive directors are expected to provide a solely independent view of the organisation, focussing on board matters and removed from the day-to-day running of the Trust.

4.3 Specific duties

Non-executives use their skills and personal experience as a member of their community to:

- commit to working to, and encouraging within the trust, the highest standards of probity, integrity and governance and contribute to ensuring that the trust's internal governance arrangements conform with best practice and statutory requirements
- provide independent judgement and advice on issues of strategy, vision, performance, resources and standards of conduct and constructively challenge, influence and help the executive board develop proposals on such strategies to enable the organisation to fulfil its leadership responsibilities for healthcare of the local community
- ensure that the board sets challenging objectives for improving its performance across the range of its functions
- structure the performance of management in meeting agreed goals and objectives
- In accordance with agreed board procedures, monitor the performance and conduct of management in meeting agreed goals and objectives and statutory responsibilities, including the preparation of annual reports and annual accounts and other statutory duties
- ensure that financial information is accurate and that financial controls and risk management systems are robust and defensible and that the Board is kept fully informed through timely and relevant information (You may be asked to sit on the Audit Committee on behalf of the Board)
- accept accountability to the Trust Development Authority for the delivery of the organisation's objectives and ensure that the Board acts in the best interests of its local community
- contribute to the determination of appropriate levels of remuneration for executive directors
- participate in the audit committee and take an active part in other committees (including the investment and remuneration committees) established by the board of directors to exercise delegated responsibility
- as a member of board committees, appoint, remove, support, encourage and where appropriate "mentor" senior executives
- bring independent judgement and experience from outside the trust and apply this to the benefit of the trust, its stakeholders and its wider community
- assist fellow directors in providing entrepreneurial leadership to the trust within a framework of prudent and effective controls, which enable risk to be assessed and managed
- assist fellow directors in setting the trust's values and standards and ensure that its obligations to its stakeholders and the wider community are understood and fairly balanced at all times

2) Monitor (2014) Your duties: a brief guide for NHS foundation trust governors
3) TDA (2013), NED role description and competency framework'

- ensure that the organisation values diversity in its workforce and demonstrates equality of opportunity in its treatment of staff and patients and in all aspects of its business
- engage positively and collaboratively in board discussion of agenda items and act as an ambassador for the trust in engagement with stakeholders including the local community, dealing with the media when appropriate

4.4 Roles and responsibilities of the Audit Committee Chair

The Audit Committee is composed of non-executive directors. The Audit Committee Chair should have recent and relevant financial experience. They share the functions of the other non-executives, but in addition have responsibilities to:

- bring independent financial acumen to the work of the audit committee across its governance, risk management, assurance and internal control functions
- provide leadership to the audit committee to ensure that it is effective in its role and that internal control systems are in place and operating
- ensure that the audit committee is well informed and has timely access to all the information it requires
- eacilitate the contribution of all members of the audit committee, auditors and other invited participants
- ensure that the Board receives sound advice, assurance and useful and timely reports from the committee

4.5 Relationship with governors

Non-Executive Directors should:

- attend meetings of the Council of Governors with sufficient frequency to ensure that they understand the views of governors on the key strategic and performance issues facing the NHS Foundation Trust
- take into account the views of governors and other members to gain a different perspective on the NHS Foundation Trust and its performance
- have an on-going dialogue with the Council of Governors on the progress made in delivering the NHS Foundation Trust's strategic objectives, the high level financial and operational performance of the NHS Foundation Trust
- receive feedback from the Council of Governors regarding performance and ensure that the Board of Directors is aware of this feedback.

4.6 Summary of Board Committees

The decision making structure ensures there is appropriate two way communication across the organisation. All Committees of the Board of Directors are chaired by Board members – in most cases, this is a non-executive director; in the case of the Chief Executive's Advisory Group it is the Chief Executive.

The Trust faces a number of challenges in relation to its strategic plans, operational and financial performance, and the improvement of the quality of services being provided to patients. As a result, the Board has a significant amount of business on its agenda and the Trust Recovery Group has been created to allow the detailed consideration of these issues. This allows for more in-depth discussion, including non-executive inquiry, on performance matters than would be feasible during Board meetings. The Group has no decision making powers. Membership of this Group consists of the full Trust Board plus other executive directors (non-voting) and the divisional directors

The Integrated Audit Committee's membership is made up of not less than three non-executive directors. Attendees include the Director of Finance & Infrastructure, Director of Corporate Affairs, auditors (both internal and external) and the local counter fraud specialist. The Integrated Audit Committee is required to review the work of other Trust committees/groups, whose work can provide relevant assurance to the Integrated Audit Committee's own scope of work. This particularly includes the committees/groups with the remit for clinical governance and overarching risk management - i.e. the Quality Assurance Committee and the Compliance & Risk Group.

The Nominations and Remuneration Committee reviews and makes recommendations to the Board of Directors on the composition, balance, skill mix and succession planning of the Board. It recommends to the Board of Directors the appointment of Executive Directors. It also has responsibility for setting the overall remuneration and benefits for the Chief Executive, the Executive Directors and other senior managers reporting directly to the Chief Executive. The Committee's membership is made up of all Non Executive Directors.

The Investment & Contracts Committee will be the vehicle to consider and monitor major investment decisions. It will provide independent and objective assurance to the Board. The Investment & Contract Committee's membership includes no fewer than three non-executive directors, including the Committee Chair, the Director of Finance & Infrastructure and the Chief Operating Officer. Attendees include Executive Directors and/or Clinical Divisional Representative where appropriate, and where necessary, a representative(s) from Divisions/ Directorates to comment on specific investment issues. The Chair of the Trust has an open invitation to attend Committee meetings and would be expected to attend at least one meeting annually.

The Quality Assurance Committee's purpose is to provide the Board, and thereby the Trust's Council of Governors, with assurance that the trust is delivering safe, high quality care and, if it is not, that effective mechanisms are in place to remedy this as quickly as possible.

Although the Quality Assurance Committee does not have any committees/groups reporting directly, the Committee can request that a report is provided by any executive group/committee (all levels) on any clinical/ quality related matter and that a representative attend in person to present and explain. The Quality Assurance Committee's membership is made up of three non-executive directors, the Medical Director and the Chief Nurse. Attendees include at least one clinical member of the Divisional management for each Division, the deputy chief nurse and other staff as required.

The Charitable Funds Committee oversees the Charity's operation on behalf of the Corporate Trustee. The Committee should:

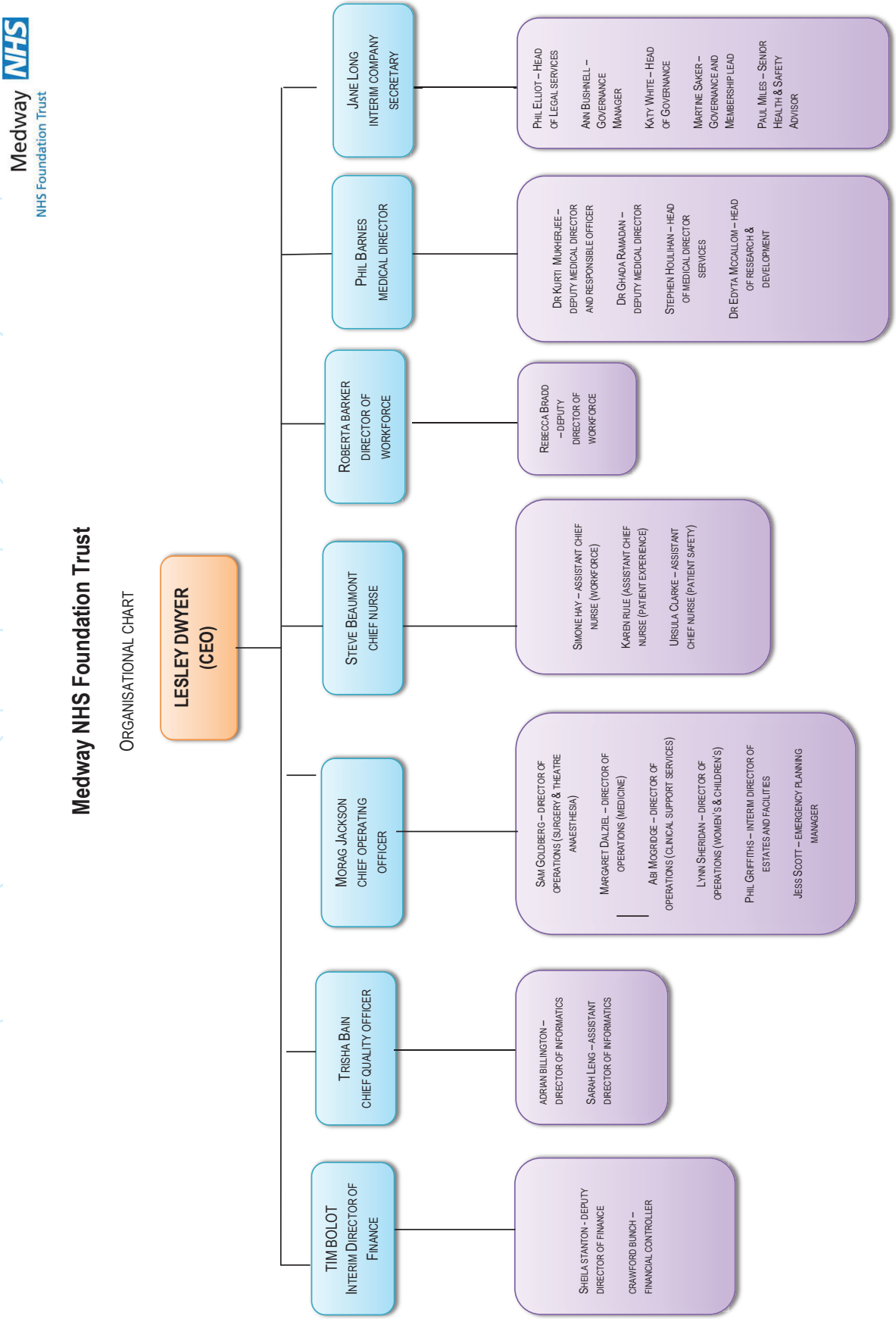
- apply scrutiny and constructive challenge to the Charity's financial information and systems of control, including the annual accounts, to provide assurance to the Board of Directors that the administration of charitable funds is distinct from its exchequer funds and compliant with legislation and Charity objectives
- ensure the proper management of funds, including the review of investment portfolio performance;
- confirm the efficient use of the funds by ensuring that, as a minimum, a quarter of the value of the fund is used annually, and individual funds comply with the umbrella fund's policies

The Chief Executive's Advisory Group (CEAG) is the main executive group within the Trust, established to support the Chief Executive and other Executive Directors in delivering the tasks delegated to them by the Trust Board. It is responsible for agreeing strategies and plans and reviewing performance prior to consideration either by the Trust Board or Trust Recovery Group. Also, it is accountable for delivering the strategic and annual plans approved by the Board. In addition, CEAG will co-ordinate the monitoring of all Trust activity by ensuring effective management of the organisation. It will provide assurance to all Board sub-committees (along with supporting management groups where relevant) in all aspects of the Trust management; and it will ensure that new issues pertinent to the Trust are effectively managed. CEAG is chaired by the Chief Executive and membership of CEAG consists of the Chief Executive, Executive Directors, all Divisional Directors and Directors of Operations, and the Head of Communications. This meeting takes place once a month.

The groups that report into the Chief Executive's Advisory Group are:

- Chief Operating Officer's Meeting
- Clinical and Care Quality Group
- Compliance and Risk Group
- Divisional Performance Reviews
- Strategy and Investment
- Joint Staff Committee
- Corporate Informatics

4.7 Organisational structure



4.8 Key documentation for NEDs

There are a few key documents that NEDs need to be aware of which forms the make up of Medway NHS Foundation Trust. These documents are listed below in a table which provides a summary of each one.

Annual Report

Our Annual Report follows best practice in corporate governance by reporting our performance against strategic objectives and national targets, and presenting information about our services and financial performance transparently and honestly.

The structure of the Report is:

- Chairman's **welcome**
- **Chief Executive's message**
- **Strategic report** (including an introduction to Medway NHS FT, our operational performance, our financial performance, highlights of the year, future developments, trends and factors, arrangements to govern service quality, principle risks and uncertainties, statement as to disclosure to auditors, going concern, community relationships, handling and learning from complaints, sustainability/climate change, valuing our staff, regulatory ratings and income disclosures)
- **Directors' Report**
- **Board of Directors** (including committees of the Trust Board, Remuneration report)
- **Council of Governors** (including structure of the Council of Governors, governor terms of office, membership)
- **Code of governance compliance**
- **Annual governance statement**
- **Independent Auditor's report on the Quality Report**
- **Quality Report**
- **Annual Accounts** (including statement of the accounting officer)
- **Independent Auditors Report** (including statement of comprehensive income, statement of financial position, statement of changes in taxpayers' equity, statement of cash flows, notes to the accounts)

Annual Plan

Under the terms of the legislation the Trust must give Monitor forward planning information in respect of each financial year and this must be prepared by the Board of Directors.

Board Agendas

The Board and Committee agendas and minutes provide a transparent record of the business of the Trust. These are published at

http://www.medway.nhs.uk/about-the-trust/publications/

Any specific inquiries from the public about Medway NHS Foundation Trust and Board meetings can be addressed to the Company Secretary, Jane Long

Operational Plan

The Operational Plan is the document, which sets out how we intend to deliver high quality and cost effective services for our patients over the next two years. Our key focus over the next two years is to work with our partners and stakeholders across the local health economy to improve the quality of services we provide to the local population we serve, and specifically the acute emergency care pathway.

Board Assurance Framework

The Board Assurance Framework (BAF) is a key aspect of the Trust's overarching assurance framework and is presented to the Board as part of the corporate overview and scrutiny process. The BAF identifies the principal

risks to the delivery of the strategic objectives and details the controls, assurances, mitigating actions, current performance and further work required to address the gaps in controls and assurances.

Trust Constitution

The Trust Constitution is the written document that establishes the rules and principles of Medway NHS Foundation Trust. The principle purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

Media Policy

This document sets out procedures for handling Medway NHS Trust related media enquires to ensure the interests and confidentiality of our patients and staff are protected, as well as the reputation of the Trust, whilst ensuring we build good working relationships with the media.

Expenses Reimbursement Policy

This procedure provides for the payment of travel expenses to NEDs in accordance with Section 18 of the Foundation Trust Constitution.

Human Rights Diversity and Dignity in the Workplace Policy

The aim of this policy is to promote equality and fairness at work.

Gifts and Hospitality Policy

This policy is to ensure all sponsorship deals, hospitality and gifts over £25 are documented through use of a register or simple ledger.

4.9 Other Useful Information

Gifts and entertainment

Under the Prevention of Corruption Act 1916, any money gift or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly, unless the employee proves the contrary. This direction was incorporated in HSG (93)5 "Standards of Business Conduct for NHS staff".

Staff must at all times:

- ensure that the interests of the public remain paramount
- be impartial and honest in the conduct of their official business
- use public monies to the best advantage of the Trust, always ensuring value for money

Staff should not at any time:

- abuse their official position to personal gain or to benefit their family or friends
- seek to advantage or further private business or other interests, in the course of their official duties

Information & confidentiality

It is your responsibility to protect confidential information.

The Bribery Act 2010

The Bribery Act 2010, in force from 1st July 2011, aims to tackle bribery and corruption in both the private and public sectors.

Medway NHS Trust welcomes the Act and the Board is keen to ensure compliance.

As a NHS organisation we follow good NHS business practice and have robust controls in place to prevent bribery. It is important that all of our employees, contractors and agents comply with Trust policies and procedures, particularly with regard to procurement and also strict limitations and controls on hospitality, sponsorship and gifts.

On behalf of the Trust I confirm our commitment to ensuring that all staff are aware of their responsibilities in relation to the prevention of bribery and corruption and that the risk of Trust exposure to acts of bribery is mitigated.

Equality Act

The Trust's vision is to achieve equality, celebrate diversity and advance inclusion as enshrined in the NHS Constitution pledges for patients, carers and staff and in line with the public sector general equality duty. We want our NHS organisation to provide equality of opportunity and treatment through the delivery of first class healthcare services which are fair, personal and diverse for all.

We will lead and embed fairness into the cultures and behaviours of our staff by:

- championing and advancing equality, diversity and inclusion implementing the NHS Equality Delivery System (EDS) framework
- identifying local needs and priorities to help reduce local health inequalities
- facilitating the engagement of everyone in shaping local services to meet individual needs and achieve better health outcomes
- helping and supporting staff to understand the importance of personalisation, fairness and diversity in the planning and delivery of services
- providing an environment where staff can thrive, are confident to be themselves, feel valued and treat each other with fairness, dignity and respect
- working to ensure that all of our information, services and buildings are accessible to all
- showing zero tolerance towards bullying, harassment, inappropriate language and behaviour, and encouraging the reporting of all cases of discrimination
- recognising and supporting the work of our Links partners in helping us to measure progress.

Indemnity

Company Secretary of the Trust and Members of the Council of Governors and Board of Directors who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly.

Whistle Blowing

The term whistle blowing refers to the disclosure internally or externally by staff of malpractice, as well as illegal acts or omissions at work. The Public Interest Disclosure Act 1988 is intended to encourage staff to raise their concerns in a responsible way if there is a practice within the Trust, which they believe is threatening to public interest, without fear of detrimental treatment.

Medway NHS Foundation Trust is committed to eliminating malpractice and wrongdoing in the organisation. The Trust recognises that staff may be concerned about these matters and staff are often the first to have information about them when they occur. Medway NHS Foundation Trust has introduced a procedure to enable staff members to voice concerns about any of the matters set out above in confidence and without fear of reprisal.

The Trust has appointed the Chief Nurse as the responsible senior officer under this policy.

For more information regarding this policy, please see the link below:
http://www.medway.nhs.uk/about-the-trust/policies-and-procedures/human-resources-policies/

FOI: Freedom of Information Act

This section explains how interested parties can make a Freedom of Information Act or Environmental Information Regulations request to Medway NHS Foundation Trust and what you should do if you are not happy with the response to your request.

The operation of the Freedom of Information Act is overseen by the Information Commissioner's Office which is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. The Office maintains a useful website to help you understand what the Data Protection Act, Freedom of Information Act and other related issues mean to you. It can advise you on everything from how to protect your personal information to gaining access to official records. The website is: www.ico.org.uk/

The Office of the Information Commissioner requires public authorities to have an approved publication scheme. This publication scheme commits Medway NHS Foundation Trust to make information available to the public as part of its normal business activities. The information covered is included in the classes of information mentioned below, where this information is held by Medway NHS Foundation Trust.

The scheme commits Medway NHS Foundation Trust:

- to proactively publish or otherwise make available as a matter of routine, information, including environmental information, which is held by Medway NHS Foundation Trust and falls within the classifications below
- to specify the information which is held by Medway NHS Foundation Trust and falls within the classifications below
- to publish or otherwise make available as a matter of routine, information in line with the statements contained within this scheme
- to produce and publish the methods by which the specific information is made routinely available so that it can be easily identified and accessed by members of the public
- to review and update on a regular basis the information Medway NHS Foundation Trust makes available under this scheme
- to produce a schedule of any fees charged for access to information which is made available.
- to make this publication scheme available to the public

Classes of information

Who we are and what we do. Organisational information, locations and contacts, constitutional and legal governance.

What we spend and how we spend it. Financial information relating to projected and actual income and expenditure, tendering, procurement and contracts.

What our priorities are and how we are doing. Strategy and performance information, plans, assessments, inspections and reviews.

How we make decisions. Policy proposals and decisions. Decision making processes, internal criteria and procedures, consultations.

Our policies and procedures. Current written protocols for delivering our functions and responsibilities.

Lists and registers. Information held in registers required by law and other lists and registers relating to the functions of the organisation

The services we offer. Advice and guidance, booklets and leaflets, transactions and media releases. A description of the services offered.

The classes of information will not generally include:

1) Information the disclosure of which is prevented by law, or exempt under the Freedom of Information Act, or is otherwise properly considered to be protected from disclosure.
2) Information in draft form.
3) Information that is no longer readily available as it is contained in files that have been placed in archive storage, or is difficult to access for similar reasons.

How to request information

Please write to:
Medway NHS Foundation Trust
Medway Maritime Hospital
Windmill Road
Gillingham
Kent
ME7 5NY

Email: FOI@medway.nhs.uk

Please ensure your request is made in writing and that you mention that you require the information under the Freedom of Information Act.

We will endeavour to respond to your request within the statutory 20 working days.

Help us to help you by being as specific as possible about what information you want.

What to do if you are unhappy with Medway NHS Foundation Trusts response:

If you wish to make a complaint or request a review regarding any of the following:

- a refusal of a request for information under the Freedom of Information Act 2000
- dissatisfaction with a response to a request
- non compliance with the Act

Please write to:
Phillip Elliott
Head of Legal Services
Residence 8
Medway NHS Foundation Trust
Medway Maritime Hospital
Windmill Road
Gillingham
Kent
ME7 5NY

If you are dissatisfied with the result of the re-evaluation, you have the right to refer your complaint to the Information Commissioners Office at the following address:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Telephone: 01625 545745

Charges for Information:

A lot of information may be supplied free of charge. At times the Trust may have to charge for FOI requests, for example if complying with the request if it is estimated that the cost of compliance will exceed the appropriate limit, which is £450 (this is based on a national cost of 18 hours work at £25 per hour).

If a charge is going to be applied to your request, you will always be informed in advance and you will have time to consider if you would like to amend your request or to withdraw it.

Enquiries from the public

If a patient or member of the public asks you for information you may refer to advice within this booklet e.g. on FOI requests

Enquiries from the press

If a member of the press asks you for information you may refer to advice within this booklet e.g. on FOI requests.

Where to go for help

If you want advice on procedures you may ask the Chairman, colleague board director or the Company Secretary for advice.

If you have concerns about the conduct of the Chairman you may in the first instance seek a confidential discussion with the Senior Independent Director (SID).

4.10 Key local Partner Organisations

Medway Clinical Commissioning Group

Clinical Commissioning Groups (CGIs) are groups of local GPs who work together to commission (or purchase) health services for their patients. NHS Medway CCG is a group of 56 GP practices from across the Medway towns, responsible for planning and buying local NHS services, serving a practice population of 283,000.

http://www.medwayccg.nhs.uk

Health and Wellbeing Board:

http://www.medway.gov.uk/carehealthandsupport/healthandwellbeing/healthandwellbeingboard.aspx

The board has agreed 5 priorities:

1. Giving every child a good start
2. Enable our older population to live independently and well
3. Prevent early death and increase years of healthy life
4. Improve physical and mental health and well-being
5. Reduce health inequalities

Local Council

Medway Council

http://www.medway.gov.uk

5. Good governance in the NHS[4]

Governance matters, and in today's NHS good governance is a valuable way in which the interests of all stakeholders – patients, staff, carers, local communities and suppliers to name but a few – are protected and promoted. Emphasis is placed on developing the role of clinicians in management and resource allocation. The aim is to help existing and aspirant board-level clinicians, and CCG governing bodies, as well as those who support and challenge them, to understand and apply good governance in a rapidly-changing environment.

Learning from the events at Mid Staffordshire Hospital Foundation Trust, through the Francis report and Keogh reviews has raised further interesting governance challenges. Governance should help those leading organisations to provide seamless assurance to patient's around quality and safety as well as around effective stewardship of resources for the taxpayer. The developing regulation systems in healthcare are largely designed to use the corporate and clinical governance systems as a means by which they test the quality and safety of patient care.

Governance thinking is in part described in law, in part through academic enquiry and in part from various codes of better practice developed both within the UK and internationally. The NHS has developed its own codes and recommendations.

4) GGI and HQIP (2015) Good Governance Handbook

6. Principles of governance

Principles of Governance and why they are important

Governance is a portmanteau term and covers many different but related aspects of the leadership of an organisation. The 2012 Good Governance Handbook identified a series of principles for good governance. In this document the following ten principles of good governance are offered. Each of these reflects Alpa's[5] premise that principles should be of fundamental value; understood by users as the essential characteristics of the system and reflect the system's designed purpose.

The Good Governance Institute have tested these principles and find them robust in our work with boards and governing bodies.

These principles will help those boards and those developing governance systems to decide what is most appropriate for the specific needs of their organisation.

Ten themes that illuminate different aspects of good governance are as follows:

6.1 Governance principle 1: Entity

An organisation is a discrete entity and a legal personality. Thus the organisation as a corporate body owes duties of care and needs to observe responsibilities and compliances that are separate from those of the organisation's owners or those controlling the organisation. An entity should be and tangible and have a discrete legal form. Often, the organisation will have its own limited liability.

Why it is important

Often governance issues arise when one is uncertain about what the entity is one is dealing with, such as in a network, across a service continuum or when services are delivered through a partnership or contract arrangement. It is important to understand what the entity is and who is accountable, and that the entity concerned should be legally constituted, aware of its responsibilities and easy to identify.

6.2 Governance principle 2: Accountability - The 'controlling mind'

Organisations are run by people, and those who direct the organisation and act as the organisation's 'controlling mind' need to be readily identifiable to any who might have dealings with that organisation, in order that all can understand who is accountable for the control of the organisation and who can enter into engagements on the organisation's behalf. Where the organisation has been separated from its owners (that is, is not a sole trader or a partnership where the principals are singly and jointly liable for the control of the business entity) and is a body corporate then those who act as the controlling mind are usually termed 'directors'. Directors have responsibilities in law for looking after the interests of the organisation and of all stakeholders. The balance of how this is executed will change as the organisation encounters opportunities and challenges. Directors act collectively as a board, this being the overall accountable group that comprises the 'controlling mind'.

Why it is important

All legal entities should be controlled by identifiable individuals who can be brought to account for their actions. Within an organisation, it is important to be able to distinguish between those who are accountable for the organisation and those who are not. This is important for both internal control, and to ensure that external parties understand with whom they can make binding arrangements on behalf of the organisation. Those controlling an organisation need to be formally required to look after all stakeholder interests. They should have formal duties around their conduct and accountability.

The Corporate Manslaughter and Corporate Homicide Act 2007, which came into effect on 6 April 2008, disposed of the need the need to identify a single individual as the 'controlling mind' - meaning now that a trust can be prosecuted as a corporate body.

5) Alpa, Guido "General Principles of Law," Annual Survey of International & Comparative Law: Vol. 1: Iss. 1, Article 2 1994

6.3 Governance principle 3: Stakeholders

Governance needs to consider all stakeholders, even those who may not be immediately apparent. Stakeholders will classically include:

- owners of the enterprise
- investors (who may or may not be the owners)
- customers
- clients (who may be different form the customers)
- beneficiaries (who in healthcare organisations may be different form customers and clients)
- those whose money the organisation uses or is steward to, including creditors and bankers
- regulators, who increasingly use governance systems to help support their work
- staff
- the wider environment and community

Why it is important

It is important to recognise that in a complex world the conduct of an organisation can have significant effects on many, and as such those controlling organisations need to pay formal consideration to those who their actions might affect. In healthcare, it is important to be able to separate out responsibilities that in other industries would be congruent, such as to customers, clients and beneficiaries. There are legal duties for healthcare and other public bodies to take into account the views of stakeholders when taking decisions that extend beyond the usual governance requirements of boards.

NHS organisations are custodians, for example, of public funds, credit, private investment in the form of PFIs as well as resources belonging to individuals – pay owed to staff or patient property, for example. As in any high-risk industry, stakeholders increasingly rely on regulators to ensure that stakeholder interests are looked after and so the many regulators in healthcare have a material interest in how an organisation is governed.

6.4 Governance principle 4: Governance and management

Directors may in addition to their governance responsibilities also have a portfolio of management responsibilities, these being the duties to manage and operate the enterprise from day-to-day. Directors need to separate themselves from their management role when they are acting as the controlling mind of the organisation and are acting as overall guardian to stakeholder interests.

The origin of the word 'director' is from the word 'steer', while that of the word management is 'to hold in the hand'.

Governance concerns:

- **Vision** – being certain why the organisation exists in the first place – its purpose and what difference it intends to make
- **Strategy** – the planned means by which the organisation delivers the vision
- **Leadership** – how the organisation is able to deliver the strategy over time
- **Assurance** – that the organisation does what it says it will do and behaves in the manner it has agreed
- **Probity** – that the organisation meets standards of openness and transparency, acts with integrity and in good faith. In the public sector, taking note of the Nolan principles of public life
- **Stewardship** – that the organisation is responsible with resources, especially other people's resources (such as credit)

The purpose of governance is to ensure better decisions. We separate governance from management by the role each has in decisions. Management makes (or crafts) decisions. By this we mean management identifies an issue, gathers and analyses the data, identifies and weights options consults and comes up with recommendations. Directors in their governance role then take decisions, and move at that point from being responsible to accountable.

Why it is important

Governance works on the basis of a separation of powers, so that those running the organisation day-to-day are internally accountable to themselves and others who have a focussed governing role. This ensures that the broader interests of the organisation, investors, owner and other stakeholders are balanced and that the organisation is not run in the interests of those staffing it. Those governing an organisation are additionally charged with ensuring that they recruit in a team most able to run the organisation successfully, to meet strategic aims and in the interests of stakeholders. The board has privy knowledge of the organisation that is unique and so is the best system for ensuring that the performance of management meets the requirements of all stakeholders.

It is now generally recognised that a corporate governance structure with separate representatives in the roles of chair and chief executive "resolves inherent conflicts of interest and clarifies accountability -- the chair to the shareholders and the chief executive to the board". (Northwest & Ethical Investments commenting on RIM, Times 14 6 11).

Fred Steingraber, (AT Kearney), reflecting on the fact that it is far more common in North America than Britain for companies to combine the role of chair and chief executive has said that:

"British companies were often better placed than American groups to respond to business challenges, such as succession planning, because of the separation of the role of chairman and chief executive meant that the chairman was free to offer oversight to the board[6]."

6.5 Governance principle 5: The board and constructive challenge

Directors come together as a board to shape policy and take decisions. They need to consider the interests of the organisation and of all stakeholders. In order to take the best decisions the board will need to be informed, and have to hand all relevant information and advice pertinent to a decision. The board will need to consider options and consequences. In order to do this efficiently and effectively the board will go through a process of constructive challenge, where ideas, beliefs, facts and recommendations will be tested in order to verify, confirm or overturn as appropriate.

Larger organisations with more complex accountabilities to multiple stakeholders will do this by having some directors who do not hold management positions as part of the board. These are termed 'non-executive' or 'independent' directors. Independent directors may be drawn from significant investors or recruited as holding particular skills and experience in order that they can usefully challenge and help the board arrive at sound decisions. It should be noted that holding a portfolio of responsibilities confounds the ability of non-executive directors to apply constructive challenge.

In trustee boards all members of the board are usually without benefit or pay, and so will usually be non-executive.

In smaller commercial organisations all directors will usually hold a paid position within the organisation and have a portfolio of responsibilities. In larger commercial and most public corporations the board is comprised of both executive and non-executive directors and this is termed a unitary board. Whether executive or non-executive, the responsibility of all directors for the organisation's and stakeholder interests remain the same. The need to participate in constructive challenge likewise remains the same. In aspirant NHS FTs and in companies seeking charity, the experience of non-executives will be carefully scrutinised s key elements of the good governance of the organisation.

Why it is important

A successful enterprise needs to continually make informed decisions about direction, markets, resource allocation and capacity. Decisions need a form of internal testing to provide a transparent explanation as to why one course of action was agreed over others. Testing such decisions is best done through a form of constructive challenge whereby assumptions are not allowed to stand without being tested, and partial views are tempered by considering alternatives.

6) Steingraber, F. quoted in Split Blackberry maker's key roles of CEO and chairman, says investor, The Times, June 14, 2011

6.6 Governance principle 6: Delegation and reservation

Boards will set out how they govern through a system of delegation and reservation. The board will decide what decisions it reserves (or holds) to itself as a governance responsibility, and those it will delegate elsewhere. The most significant delegation is usually to the accountable officer, the executive directors and senior management. Boards may also delegate to sub-groups, advisors and partners or through other controlled means. Boards will describe the limits and substance of all delegations and reservations in formal terms.

Typical forms of delegation within an organisation, aside that of management, will include formally agreed delegation to board sub-committees. These should be few in number and not confused with management groups which are often, misleadingly, also termed committees. Ideally the programme of work for committees should be linked to the Board Assurance Framework (BAF)[7] with the board commissioning the assurance functions of sub-committees and linking this to the strategic aims of the organisation.

The only required board sub-committees are audit and remuneration and appointments. Many organisations will have a charitable trust committee. Mental health service providers and commissioners will require appropriate structures and assurance for their application of Deprivation of Liberty Safeguards (DOLS)[8] and review.

Advice over the years has also variously recommended clinical governance/quality, investment and risk committees.

- **Audit committee** – a sub-committee of the board comprising non-executive directors, but not the Chair or Vice Chair, who will assure the board that all the governance systems and processes, including the clinical ones, are working. The audit committee will have a strong working relationship with the internal auditors, and may invite executive colleagues to attend and participate in meetings. Better practice[9] indicates that the audit committee should have at least one closed meeting each year without management present in order to provide feedback and discuss candidly the auditor's relationships with management and the adequacy of resources available. In the spirit of scrutinising all governance systems and processes NHS audit committees will also examine systems for patient safety, complaints, information governance, clinical quality and clinical audit. HQIP and GGI have produced a guide for boards about the use of clinical audit and the role the audit committee can have in using the clinical audit programme for assurance around healthcare delivery itself[10].

- **Remuneration and appointments committee** – which will oversee appointments to the board and all matters relating to remuneration and pay for board members. It is very important that the remuneration and appointments committee is able to show proper process to explain why appointments have been made to the board, and why particular rewards packages have been agreed. Committee meetings should follow a formal annual programme and not just be called on an ad hoc basis, and support the board discharge duties around transparency and stewardship.

- **Risk/investment committee** – which will look at the prospective risk environment and help the board gauge its appetite for and approach to risk. This committee is rehearsed in the approach taken to governance by Sir David Walker's review of the banks[11], and the investment committee recommendations by Monitor[12]. This committee will have a key role in developing the organisation's risk appetite.

- **Quality committee** – usually established to help the board develop and understand service quality issues. On occasions the committee may test the quality approach by 'deep-dive' type interest in areas of service quality. The aim of this committee is to ensure that the board mainstreams consideration of service and clinical issues over time. 'Quality governance' has been coined by Monitor to refer to the Board's leadership on quality and their ability to understand the relative quality of services their Trust provides; identify and manage risks to quality; act against poor performance; and implement plans to drive continuous improvement. In an environment of tighter public finances and the need to make significant efficiency savings, it is crucial that all Boards of NHS organisations are able to identify and manage risks to the quality of their services in the same way they would their financial position.

7) www.good-governance.org.uk/board-assurance-frameworks-a-simple-rules-guide-for-the-nhs/
8) www.gov.uk/government/uploads/system/uploads/attachment_data/file/300106/DH_Note_re_Supreme_Court_DoLS_Judgment.pdf 2014
9) HFMA's Governance and Audit Committee, 2014, NHS Audit Committee Handbook
10) Bullivant, J. et al, 2015, Clinical audit: a guide for NHS boards and partners
11) Walker, D., 2009, A review of the corporate governance in UK banks and other financial industry entities: final recommendations 26 November 2009 London: HM Treasury.
12) Monitor, 2014, Risk Assessment Framework

- **Task and finish groups** – these ad hoc groups will be set up by the board to take on a delegated, specific and time-limited responsibility, usually around a particular task or to provide the board with specific advice. This might include financial or performance turnaround, adoption of a new status or regulatory regime or consideration of mergers and acquisitions.

Why it is important

Governing boards need to formally agree in and transparent way what role they will take in the detailed direction of an organisation. This will be different for each organisation and dependent on the level of risk, market forces, the detailed knowledge required to undertake particular tasks and the maturity of management.

The controlling mind of the organisation needs to plan and be explicit about the level of direction it will need to exert itself, and that which it is comfortable to discharge to others, both within and outside the organisation. This will help other stakeholder assess risk and control for themselves.

The board must be clear in the role and delegated authority of committees, and indeed the use of the term 'committee' which we suggest is overused in the NHS. It is unnecessary to include non-governance committees in the Trust organogram of governance structures and a clear distinction must be made between board committees and management groups.

6.7 Governance principle 7: Openness and transparency

Organisations should have the confidence that their business and decision-making processes would stand exposure to the public eye. This ensures that organisations meet important legal and compliance requirements, as well as fosters good business practice through building reputational and brand value. Decisions and conduct should be auditable and explainable. A new duty of candour is to be imposed on all NHS organisations[13], which will include a requirement for boards to meet in public and for any service failings to be dealt with in an open and transparent manner.

Nolan[14] says on openness:

"Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands."

Why it is important

Boards and directors should work as if at any time their conduct, decisions and working arrangements could be made open to public scrutiny. Boards of public organisations and the work of their directors concern public money and services.

The behaviour of boards and individual directors should be of a standard to never compromise the work of the organisation over which they preside through creating reputational damage. Lord Nolan created standards for conduct in public life that apply to all NHS board members, and Baroness Fritchie has developed guidance to help individual board members manage conflict of interest issues[15].

It is a critical part of being an effective healthcare organisation that the public and service users should trust the organisation concerned, believe advice when it is given and feel confident to seek care for themselves and their families. Openness and transparency are essential components of building this trust.

13) http://www.gmc-uk.org/Joint_statement_on_the_professional_duty_of_candour_FINAL.pdf_58140142.pdf
14) The Nolan Committee, First Report on standards in public life, 1995
15) Baroness Fritchie, 2005, The Commissioner for Public Appointments: Tenth Report 2004-2005

6.8 Governance principle 8: Board supports

To enable the board to work well, the board will need to work through the various roles and support systems it needs in place. These include:

- **Chief executive** – the executive accountable officer
- **Directors** – jointly comprise the unitary board and who are ultimately responsible for the enterprise
- **Executive directors** – in addition to their director responsibilities hold a management portfolio
- **Non-executives directors** – who are directors kept separate from the management process and can therefore support the success of the organisation by applying constructive challenge and scrutiny to matters brought before them
- **Chair** – responsible for ensuring that the board has proper information with which to carry out its responsibilities. This will usually be done through agreeing the agenda for meetings and accepting r eports and papers to support the agenda. The chair will run meetings in a way that allows proper debate and scrutiny of all matters brought before it. The chair may also have an external ambassadorial role. The chair will appraise all directors – in their role as directors – on an annual basis, and provide feedback on their contribution to the work of the board. The chair can also initiate regular reviews of the collective performance of the board and address any developmental issues. Codes of corporate governance[16] have the expectation that the chair will conduct an annual review of the suitability of the board's governance arrangements each year, and that at least every three years this should be externally facilitated.
- **Board/company secretary** – who will ensure that the proper company processes for the board are followed, and will work with the chair and the chief executive to plan the annual cycle of business and the agenda and papers for individual board meetings. The board secretary should be available to advise the board that decisions have been properly made, and that processes enable the board to d ischarge responsibilities to the required standard.
- **Senior independent director (SID)** – who will be available to all board members wishing to informally discuss their role and contribution to the board. They will conduct the annual appraisal and feedback session for the chair. In industry, the SID provides the shareholder-facing role and with increasing application of a membership model in the NHS this may develop as an appropriate SID role. In the NHS the SID has key responsibilities on whistle-blowing and public interest disclosure decisions

Why it is important

A board model of governance requires different individuals to take different roles in order to deliver on the preceding principles of governance. Different actors need to be charged with different parts of the accountability continuum, and there need to be managed systems to ensure that information, advice and challenge are brought together to arrive at the best decisions for all stakeholders. It is important that the different individuals concerned understand their individual roles in making sure the board governance system works and can respond to future needs.

The National Inquiry into Fit for Purpose Governance (CIHM 2009) found that non-executive board directors were unwilling to openly challenge their executive counterparts; that there is an excessive focus on the relationship between the chief executive and chair to the detriment of other board members; and that there is too much emphasis on the structure of the board, rather than on its processes and dynamics.

6.9 Governance principle 9: Knowing the organisation and the market

Those acting as the controlling mind of an organisation have a duty to know and understand the organisation they are responsible for, and the market in which the organisation operates. Within the organisation the board needs to understand and be assured that relevant compliances are being met, and that the organisation remains fit for purpose. Externally boards need to understand opportunities and risks.

In order to do this, boards should have in place systematic processes so that they remain informed and assured at all times. The most significant of these will be the organised delegation to management, described above, and the setting of tolerances around when and how management should bring matters to the attention of the board. Other systems boards will have in place to remain aware of internal and external issues will be specific

16) Financial Reporting Council, 2014, The UK Corporate Governance Code, www.frc.org.uk/Our-Work/Publications/Corporate-Governance/UK-Corporate- Governance-Code-2014.pdf

governance and information systems, such as performance reports, the board assurance framework, the risk register, decision tracker, audit plans and professional advice.

The audit committee has a special role in this. They will have an on going assurance role to the board that all relevant governance systems are working and delivering added value. This will include on-going scrutiny of the BAF as the key means by which the board navigates the organisation towards the agreed strategic objectives of the organisation.

Boards need to check continually that their knowledge of their own organisation and of the market is sufficient for purpose, but do so without delving into the management of the organisation itself.

Finally, Boards and their members have a responsibility to anticipate and respond to their external environment. This is always dynamic and a good board will spend time future proofing the organisation by paying attention to new (or newly appreciated) risks and opportunities. This can be done by directors rehearsing locally what has gone wrong (and right) elsewhere, boundary issues and evaluating their own instincts.

Why it is important

Skills alone are not enough to discharge accountabilities to stakeholders. Those running an organisation must have an intimate knowledge of the organisation for themselves before they can assure and act on behalf of other stakeholders. Additionally, those governing an organisation need to understand the external environment in order that they know the consequences of their decisions can manage risk and are able to anticipate the outcome of different options.

To provide constructive challenge directors need to understand more than generic business practice. In healthcare, when strategic decisions need to be taken the various options themselves will require a degree of professional insight and confidence in order to challenge and add to informed debate. Directors who do not familiarise themselves with the market they operate in are being derelict in regard to their overall responsibilities to stakeholder.

6.10 Principle 10 - Competence

Decision takers need to be in a position to be competent to take a decision. With regards to governance, competence requires a combination of relevant skills and experience to hold office, understand the market, possess the knowledge required, actively participate in debates and challenge any key decision, declare and manage any conflict of interest, and hold the decision-taking position itself. This last point is important as the formal appointment to a director role is particularly relevant to those holding public office. To be competent to act as a non-executive director of an NHS organisation involves having gone through the public appointments process, going through annual appraisal and being identifiable to the public and other stakeholders as part of the controlling mind ofthe organisation. It is especially important to ensure that organisations avoid slipping into situations where they have de facto shadow directors.

Why is it important?

In public bodies, it is important to enable the public and other stakeholders to understand who is accountable for decisions, and have confidence that the correct process was followed when decisions are made. This includes ensuring that the right information was available to those making a decision, and that the context for any decision was properly taken into account. The decisions of public bodies are open to judicial review, and the process by which decisions are taken is one the organisation may need to demonstrate if challenged in this way.

NHS organisations are complex, and a distinction needs to be drawn between different governance forums. Examples would be Councils of Governors in NHS FTs and the FT board, and Councils of Members in CCGs and the CCG governing body. Although the Councils are often described as the 'sovereign' forum within their organisation, they are not the controlling mind, nor are they competent to take decisions in the way that the board or governing body is because their mandate and way of working does not pass the competence tests described above.

7. Behaviours, Systems and Supports

The Board is not simply a group of individuals. It needs to work together if not as a team as a group which is clear about roles and relationships. It will need support from individuals and systems which provide information, analysis, assurance and identification of risk.

7.1 Behaviours

From outside the NHS the report on corporate governance in financial institutions prepared by Sir David Walker,[17] said "principal deficiencies in… boards related much more to patterns of behaviour than to organisation."

Good board governance cannot be legislated for but can be built over time.
According to Sonnenfeld,[18] the 'best bets' for success are:

- a climate of trust and candour in which important information is shared with all board members and p rovided early enough for them to digest and understand
- a climate in which dissent is not seen as disloyalty and in which mavericks and dissenters are not punished
- a fluid portfolio of roles for directors so individuals are not typecast into rigid positions on the board.
- individual accountability with directors given tasks that require them to inform the rest of the board about issues facing the organisation
- regular evaluation of board performance

The publication identified four characteristics of effective boards:

- a focus on strategic decision-making
- board members who trust each other and act cohesively / behave corporately
- constructive challenge by board members of each other
- effective chairs who ensure meetings have clear and effective processes
- attempts at Improving Board Effectiveness

Behaviours determine the actions of the organisation and are a vital element of good governance. Some behaviours are expected and prescribed, others reflect experience, styles and etiquettes adopted or learnt.

7.2 Good Governance Standard for Public Services

In January 2005, an Independent Commission established by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Office for Public Management (OPM), under the Chairmanship of Sir Alan Langlands, published its Good Governance Standard for Public Services.[19] The standard consists of six principles.

Good governance means:

- focusing on the organisation's purpose and on outcomes for citizens and service users
- performing effectively in clearly defined functions and roles
- promoting values for the whole organisation and demonstrating the values of good governance through behaviour
- taking informed, transparent decisions and managing risk
- developing the capacity and capability of the governing body to be effective
- engaging stakeholders and making accountability real

7.3 The Nolan Principles of Public Life

"The only way to be sure that they do the right thing is to keep an eye on them, to challenge them, to hold them to account and, above all, to take part in them." Nolan (1996)

The Nolan Committee concluded that public bodies should draw up 'Codes of Conduct' incorporating the following principles, and that internal systems for maintaining standards should be supported by independent scrutiny.

17) FRC, The Walker Review of Corporate Governance of UK Banking Industry, 2009
18) Harvard Business Review, What makes great boards great? September 2002
19) www.cipfa.org.uk/pt/download/governance_standard.pdf

The Seven Principles of Public Life:

1. ***Selflessness:*** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
2. ***Integrity:*** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
3. ***Objectivity:*** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. ***Accountability:*** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. ***Openness:*** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. ***Honesty:*** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. ***Leadership:*** Holders of public office should promote and support these principles by leadership and example.

The Scottish Executive took the Nolan Committee recommendations one step further with the introduction of the Ethical Standards in Public Life etc. (Scotland) Act 2000 which brought in a statutory Code of Conduct for Board Members of Devolved Public Bodies and set up a Standards Commission for Scotland to oversee the ethical standards framework[20]

The Scottish Executive also identified nine key principles underpinning public life in Scotland, which incorporated the seven Nolan Principles and introduced two further principles.

Public Service

Holders of public office have a duty to act in the interests of the public body of which they are a Board member and to act in accordance with the core tasks of the body.

Respect

Holders of public office must respect fellow members of their public body and employees of the body and the role they play, treating them with courtesy at all times.

7.4 NHS Constitution

The NHS Constitution was first published on 21 January 2009 and applies to NHS services in England[21]. The NHS Constitution sets out current existing legal rights in one place. All NHS organisations have a responsibility to enforce it, and a legal duty to take note of the constitution when performing their duties. There is also a legal duty on the Secretary of State for Health to renew the constitution every 10 years. Independent and third sector providers of NHS services are 'required to take account' of the constitution in their contracting and Commissioning arrangements.

It contains 7 key principles they are underpinned by core NHS values that are derived from discussions with staff, patients and the public.

Principles

- the NHS provides a comprehensive service available to all, irrespective of gender, race, disability, age, sexual orientation, religion or belief
- Access is based on clinical need, not on an individual's ability to pay
- the NHS aspires to the highest standards of excellence and professionalism
- the patient will be at the heart of everything the NHS does

20) http://www.gov.scot/Publications/2006/07/11153800/11
21) Department of Health, The NHS Constitution for England, March 2010

- the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- the NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources
- the NHS is accountable to the public, communities, and patients that it serves.

Values

Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

Working together for patients

Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.

Respect and dignity

We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

Compassion

We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.

Improving lives

We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves patients and our communities healthier.

Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Everyone counts

We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

Rights, pledges and responsibilities

The Constitution is to set out clearly what patients, the public and staff can expect from the NHS and what the NHS expects from them in return. The Constitution distinguishes between rights, pledges and responsibilities:

Rights

A right is a legal entitlement protected by law. The Constitution sets out a number of rights, which include rights conferred explicitly by law and rights derived from legal obligations imposed on NHS bodies and other healthcare providers. Legal rights are summarised in this Constitution and explained in more detail in the Handbook to the NHS Constitution, which also explains what can be done if a individual has not received what is rightfully theirs. The summary does not alter legal rights.

The Constitution rights in respect to the following:

- access to health services
- quality of care environment
- nationally approved treatments, drugs and programmes
- respect, constant and confidentiality
- informed choice
- involvement in your health care in the NHS
- complaint and redress

Pledges

The Constitution also contains pledges that the NHS is committed to achieve. Pledges go above and beyond legal rights. This means that pledges are not legally binding but represent a commitment by the NHS and its staff to provide comprehensive high quality services.

Responsibilities

The Constitution sets out expectations of how patients, the public and staff can help the NHS work effectively and ensure that finite resources are used fairly. This Handbook gives further information on those responsibilities.

The Handbook outlines the following responsibilities:

- patients and the public
- staff – your rights and NHS pledges to you
- staff – your responsibilities

Board etiquette (based on Common Purpose)

Boards should be explicit in their values and how they intend to conduct business.
The board should recognise the importance of constructive challenge and ensure there is an equal degree of openness and transparency between board members. To this end, many boards have adapted and adopted the protocol or etiquette developed in the Integrated Governance HandbookError! Bookmark not defined. from Common Purpose principles.

Boards and their members should:

1. Take decisions and abide by them.
2. Be explicit in the delegated authority you have to take decisions, and when you need to seek higher authority.
3. Respect one another as possessing individual and corporate skills, knowledge and responsibilities.
4. Be honest, open and constructive.
5. Show determination, tolerance and sensitivity – rigorous and challenging questioning, tempered by respect.

6. Be courteous and respect freedom to speak, disagree or remain silent.
7. Support the Chair and colleagues in maximising scope and variety of viewpoints heard.
8. Ensure individual points are relevant and short.
9. Listen carefully to all ideas and comments and be tolerant to other points of view.
10. Regard challenge as a test of the robustness of arguments.
11. Be sensitive to colleagues' needs for support when challenging or being challenged.
12. Ensure no one becomes isolated in expressing their view.
13. Treat all ideas with respect.
14. Allow differences to be forgotten.
15. Show group support and loyalty towards each other.
16. Read all papers before the meeting, clarify any points of detail before the meeting, be punctual and participate fully.
17. Focus discussion on material issues and the resolution of issues.
18. Make the most of time.

Boards and their members should not:

1. Refer to past systems or mistakes as being responsible for today's situation.
2. Act as 'stoppers' or 'blockers'.
3. Regard any arrangements as unchangeable or unchallengeable.
4. Adopt territorial attitudes.
5. Give offence or take offence.
6. Regard papers presented as being 'rubberstamped' without discussion or agreement.
7. Act in an attacking or dismissive manner.
8. Become obsessed by detail and lose the strategic picture.
9. Breach confidentiality.

7.5 Board member roles & styles

In Principle 8 (board supports) we identified the importance of clarity in roles and relationships in particular for the Chair CEO, Board Secretary, Exec and NEDs, the SID and in FTs and some commissioning organisations the role of governors or members. In addition to the formal role it is also important to consider the mix of board directors.

Board members demonstrate individual characteristics, experiences and skills. The board needs a range of competences and should be aware of its strengths and weaknesses. Boards may invite who they wish to support them and may find it useful to recognise any gaps and fill these on an ad-hoc basis by inviting non-voting colleagues to join the for specific meetings or agenda items.

Julia Unwin, Chief Executive of the Joseph Rowntree Foundation, has identified a number of different roles, and these all pose different challenges[22]: "*I have seen boards that are entirely entrepreneurial and they are pretty scary. I have also seen boards that are entirely compliance driven, and they are terrifying.*"

- Peacemaker - can't we find a common way?
- Challenger - can't we do better? Is it just because it has always been done this way?
- History holder - we need to go back to our roots, and remember what worked in the past
- Compliance queen - always says, "can we do this? What will the auditors say? Is this legal?"
- Passionate advocate - will respond, "surely we must take a risk, we must do more"
- Data champion - all the evidence shows that however often we do that, it makes no difference to the outcomes
- Wise counsellor - says, "we are not the only people trying to tackle this issue, we need to think carefully, plan properly, and take this step by step"

22) Julia Unwin, Address to the Charity Trustee Network, November 2007

- Inspiring leader - will describe his/ her vision, will enthuse and excite
- Fixer - says "I think we can get together later and sort this out"
- Risk taker - says, "the crisis is simply too great. Let's just spend the money, the funds will flood in
- Strategist - says, "we need to think beyond 2012, and then our position will be much stronger and the whole environment will be different"
- User champion - says, "I am worried that we are ignoring the interests of our users. We haven't mentioned their needs all through this meeting"

The role of risk taker is often missing from public sector boards who should consider how they can achieve this valuable input.

7.6 Constructive challenge

The Audit Commission[23] observed that some NHS boards in England appear to have become too trusting, with little constructive challenge or debate about strategic issues. A reason for this lack of challenge included the desire to present a united public face in public meetings. Challenge should not be seen as the preserve of non-executives scrutinising the executive team. Steve Bundred, Chief Executive of the Audit Commission said:

"The NHS has, in many cases, been run on trust. But those who are charged with running our hospitals must be more challenging of the information they are given and more sceptical in their approach. Healthcare is inherently risky and complex, and assurance is not easy in the public or private sectors."

The Audit Commission found that:

- board assurance processes are generally in place but must be rigorously applied
- board members are not always challenging enough and
- the data received by boards is not always relevant, timely or fit for purpose

Underlying the report was a sense that the board must create a culture where there is healthy debate. Independent members should not accept something is working just because a director says it is so.

"No organisation can operate without a measure of trust among the key individuals. However, the larger and more complicated the organisation, the less the board can rely on such informal relationships and the more important it is for people to understand the system and what is done by others."

7.7 Legal redress & judicial review

As detailed in the NHS Constitution:

Complaint and redress:

You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.

You have the right to discuss the manner in which the complaint is to
be handled, and to know the period within which the investigation is likely to be completed and the response sent.

You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.

23) Audit Committee, Taking it on Trust, 2009

You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.

You have the right to compensation where you have been harmed by negligent treatment.

The NHS also commits:

- to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment (pledge)

- to ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again (pledge); and to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge

7.8 Conflicts of Interest

NHS England Guidance: Whole Governance Handbook

The NHS, like other public bodies, requires high levels of probity and is subject to public scrutiny. It is important that board members do not act in a way that would compromise the reputation of the organisation.

Any interest that might compromise the organisation should be declared - if in doubt, declare. Board members should also check that their declarations have been recorded and adequately scrutinised.
It is good practice for the Chair of the board to ask for any new potential conflicts at the beginning of a meeting.

If a board member realises they have failed to declare something, they should declare as soon as possible after the relevant meeting. Baroness Rennie Fritchie, the ex-Commissioner for Public Appointments, and Malcolm Leary suggest the following as a conflicts protocol:[24]

1. Declare the conflict but continue to participate in the discussion.
2. Declare the conflict and abstain from discussing and deciding a particular issue.
3. Delegate your function e.g. chairing, on a temporary basis.
4. Resign – either before you become conflicted or once a conflict arises.

Staff are also required to declare interests and act appropriately. For example, any staff who are in contact with suppliers and/or contractors, in particular those authorised to sign purchase orders, are expected to adhere to professional standards of the kind set out in the Ethical Code of the Chartered Institute of Purchase and Supply.[25]

Good Questions for the Board to ask itself

1. Have you diarised a board agenda item for the CCG board to discuss and review conflict of interest?
2. Have you asked internal audit to review your conflict of interest process and provide assurance around conflict of interest
3. Have you provided advice to non-board colleagues within the CCG about conflict of interest?
4. Does your conflict of interest register and declaration process include non-board member colleagues within the CCG?
5. Will you be holding a supplier day?
6. Is conflict of interest included in your induction pack, including Fritchie guidance?
7. Has consideration of conflict of interest led you to identify the level of risk around conflict of interest you are prepared to tolerate? (risk appetite)

24) Baroness Rennie Fritchie, Malcom Leary, Resolving Conflicts in organisations: A practical guide for managers, 1998
25) http://www.cips.org/aboutcips/whatwedo/codeofprofessionalethics/

7.9 Scrutiny by Employees

The Public Interest Disclosure Act 1998 was introduced to protect employees who are worried about wrongdoing where they work and want to 'blow the whistle' or more formally described as 'making a disclosure in the public interest'. The Act applies to most employees including health, local authorities; a police or fire authority; or a related body and includes those employed on a temporary basis or through an agency.

Someone making such a disclosure must do so in good faith (even if later it turns out to be untrue) and must believe that at least one of the following tests are met:

- that a criminal offence has been or is likely to be committed
- that someone is failing, or will fail, to comply with legal obligations
- that a miscarriage of justice will occur or has occurred

The Act protects all employees, contractors, trainees or agency staff. The legal protection is that he/she can receive unlimited compensation. However, to gain the protection of the Act it is important to ensure that any whistleblowing meets the criteria of being a "qualifying disclosure" and must be to a legal adviser, employer, Minister of the Crown, or the relevant regulator, Auditor General of the NAO to whom any concerns about 'the proper conduct of public business, value for money, fraud and corruption in relation to the provision of public services' can be addressed.[26]

Only in more extreme circumstances are wider disclosures permitted. NHS employers have been instructed to set up "whistleblowing" procedures and ban gagging clauses. All organisations should have one and staff have a right to ask for it. An employee who is victimised or discriminated against in any way because they have 'blown the whistle' (known as making a 'protected disclosure') can take their employer to an employment tribunal.

7.10 When things go wrong: advice to patients and carers

Any comments, whether positive or negative, can be fed back to the commissioning organisation or directly at the point of care, either to the clinician providing care or through the provider's complaints and redress systems. The NHS has its own defined complaints procedure which is always the first step for any complaint about the NHS.

If a patient or carer is not satisfied with the way their complaint has been dealt with, they have the right to take the complaint to the Parliamentary and Health Service Ombudsman.[27]

The Ombudsman conducts independent investigations into complaints that government departments, a range of other public bodies in the UK, or the NHS in England have not acted properly or fairly, or have provided a poor service.

The Ombudsman can look at complaints about the actions of providers of NHS care, as well as commissioners. The Ombudsman can also look at complaints about the Department of Health; the National Commissioning Board (NCB) and its regional outposts; the Care Quality Commission and Monitor. The Ombudsman is accountable to Parliament and is independent of government and the NHS.

26) www.direct.gov.uk/en/Employment/ResolvingWorkplaceDisputes/ intheworkplace/DG_175821
27) www.ombudsman.org.uk

8. About GGI

The Good Governance Institute has been established to support better governance practice and to ensure organisations develop a focus on leadership and strategy. We do this in two ways:

1. We work with individual NHS, University, third sector and commercial organisations helping them improve through board development and implanting good governance practice. We help organisations deliver high quality services, develop their leaderships, be accountable to stakeholders and create and deliver organisational strategy.

2. We move governance thinking forward nationally – indeed internationally. We lead national studies and undertake other commissioned work, supporting the focus on good governance, strategy, leadership, quality, the better management of risk, patient safety and public accountability.

Our experience to date places GGI as one of the leading providers of governance and clinical governance expertise for the NHS and independent providers.

With roots back to the NHS Board Development Team in the NHS CGST, GGI is now an independent organisation comprising of a small, niche team of governance and quality specialists, covering the full range of governance- sub-specialisms including PPE, finance, legal, organisational development, coaching and mentoring, human resources, quality and patient safety. We are the principal partner within the Capsticks Alliance and through them are on many of the main national procurement frameworks such as the BGAF framework.

We have worked with the boards of numerous healthcare organisations, including successful and troubled NHS Health Boards, NHS FTs, AFTs, CCGs, PCTs, social enterprises and community interest companies, on a variety of review and development issues. We have worked comprehensively on individual development, risk, patient safety, strategy for board etc. and are currently helping a number of NHS organisations implant good governance and supporting systems. We have been successful in helping boards buy into good governance and develop their boards and governing bodies. We have experience of working with locality structures/clinical directorates and delivering development programmes that are both useful to the locality itself and at the same time to improve overall corporate performance.

Our experience is comprehensive within healthcare and beyond, including local authorities and the university sector. We are currently working with a cohort of CCGs as well as community services, ambulance Trusts, social care and mental health services – our experience is not dominated by any one sector.

9. Further information

A comprehensive bibliography of governance issues has been compiled by the NLC working with the Kings Fund.

The Healthy NHS Board: A review of guidance and research evidence by Angus Ramsay and Naomi Fulop, February 2010.

A select list of references and useful websites is included below:

HQIP:	www.hqip.org.uk
GGI:	www.good-governance.org.uk
Care Quality Commission:	www.cqc.org.uk
Council for Healthcare Regulatory Excellence:	www.chre.org.uk
Department of Health:	www.dh.gov.uk
General Medical Council:	www.gmc-uk.org
Healthcare Governance Review:	www.healthcaregovernancereview.wordpress.com
IHM:	www.ihm.org.uk
Monitor:	www.monitor-nhsft.gov.uk
NHS Confederation:	www.nhsconfed.org
NHS Confederation Wales:	www.welshconfed.org
NHS Choices:	www.nhs.uk
The Health Professions Council:	www.hpc-uk.org
The Nursing and Midwifery Council:	www.nmc-uk.org
The General Dental Council:	www.gdc-uk.org
The General Chiropractic Council:	www.gcc-uk.org
The General Optical Council:	www.optical.org
The General Osteopathic Council:	www.osteopathy.org.uk
The Parliamentary and Health Service Ombudsman:	www.ombudsman.org.uk
The Royal Pharmaceutical Society of Great Britain:	www.rpsgb.org.uk

Appendix I Who to contact

To contact the Membership Office please use the details below: -

The Membership Office

Level 1, Postgraduate Centre
Medway NHS Foundation Trust
Medway Maritime Hospital
Gillingham
ME7 5NY

01634 825292
members@medway.nhs.uk

Governor & Membership Lead: Martine Saker - 01634 825292
Martine.saker@medway.nhs.uk

Other contacts

Fellow Governors: Contact the Governor & Member Lead for these details.
(*these details are only issued by consent)

Hospital Switchboard: 01634 830000

PALS (Patient Advice and Liaison Service)

For a patient who has queries about ongoing care or concerns that arise during care or after discharge:

01634 825004
pals@medway.nhs.uk

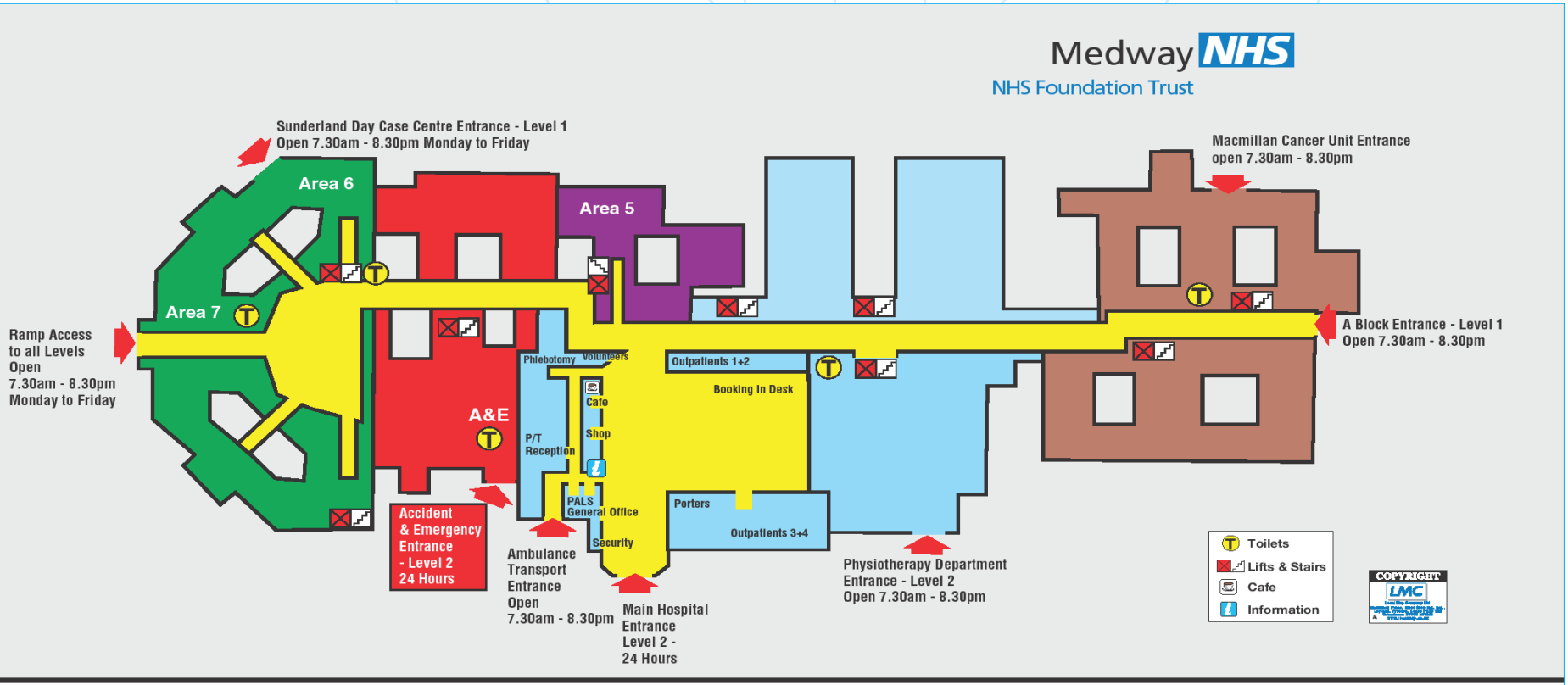
Complaints Department

For a patient who would like to lodge a formal complaint or wants a more in-depth investigation to take place regarding his/her care:

01634 833750
complaints@medway.nhs.uk

Complaints Department,
Medway NHS Foundation Trust,
Medway Maritime Hospital,
Gillingham,
ME7 5NY

Appendix II Floor map of Medway Maritime Hospital



Accident & Emergency	Red	2	Eliot Ward			MASST Team	Brown	1	Pain Management	Green	2	Security Desk	Blue	2
Admission & Discharge Lounge	Blue	2	Emerald Ward	Brown	1	MAU/Bronte Critical Care Unit	Brown	2	P.A.L.S.	Blue	2	Shop & Tea Bar (League of Friends)	Blue	2
Antenatal Clinic	Green	2	Endoscopy	Green	1	MEDDOC	Red	2	(Patient Advisory Liaison Services)			Shop - A Block	Brown	1
Appointments Desk	Blue	2	Eye Unit	Blue	2	Milton Ward	Brown	2	Panda Ward	Green	2	Speech & Language Therapy	Blue	2
Arethusa Ward	Red	4	General Office (Front Entrance)	Blue	2	MRI	Red	2	Pathology	Red	4	Sunderland Day Case Unit	Green	1
Blood Tests	Blue	2	Genito-Urinary Medicine	Green	3	Nelson Ward	Blue	1	Patient Affairs Office (Front Entrance)	Blue	2	Surgical Assessment Unit	Green	4
Breast Unit	Red	2	Gundulph Ward	Blue	3	Nuclear Medicine	Green	3	Pearl Ward	Green	4	(Kingfisher Ward)		
Bronte Critical Care Unit/MAU	Brown	2	Harvey Ward (Acute Stroke Unit)	Blue	1	Occupational Therapy	Blue	2	Pembroke Ward	Red	5	Tennyson Ward	Brown	2
Byron Ward	Brown	2	Intensive Care Unit	Purple	3	Ocelot Ward	Green	4	Penguin Ward	Green	2	Trafalgar Ward	Green	3
Cancer Care Team (Richard Watts Unit)	Red	2	Keats Ward	Blue	2	Oliver Fisher Neonatal Unit	Green	4	Pharmacy Dispensary	Red	2	Ultrasound	Red	2
Cardiac Catheter Suite	Brown	1	Kent Ward	Green	4	Ophthalmology	Blue	2	Phlebotomy (G.P.'s)	Blue	2	Victory Ward	Green	3
Cardiorespiratory (ECG) Dept.	Green	3	Kingfisher Ward	Green	4	Osteoporosis Unit	Blue	2	Phlebotomy OPD Area 4			Volunteers	Blue	2
Chapel	Blue	2	League of Friends Shop (24hr)	Red	2	Outpatient Area 5	Purple	2	Phoenix Ward	Green	3	Wakeley Ward	Blue	2
Christina Rosetti Day Hospital	Brown	1	Lister Ward	Red	3	- (Fracture Clinic, Orthotics-Surgical			Physiotherapy	Blue	2	Will Adams Ward	Blue	3
Coronary Care Unit	Purple	3	MAU/Bronte Critical Care Unit	Brown	2	- Appliances, Plaster Room, Rheumatology)			POCU	Green	2	X-ray - Brunel Centre for Imaging	Red	2
C.T.	Red	2	McCulloch Ward	Green	3	Outpatient Area 6	Green	2	Podiatry	Blue	2			
Delivery Suite	Green	4	Macmillan Cancer Care Unit	Brown	1	- (Audiology, Ear Nose & Throat, Hearing Aids,			Pre-Assessment (Eliot Ward)	Blue	2			
Dermatology	Green	3	(Lawrence Ward/Gatton Day Unit)			- Maxillo-Facial Surgery, Orthodontics)			Restaurant	Purple	1			
Dickens Ward	Blue	1	Magpie Centre	Green	2	Outpatient Areas 1 to 4	Blue	2	Ruby Ward	Brown	2			
Dietitian	Blue	2	Main Enquiries Desk	Blue	2	Outpatient Area 7	Green	2	Same Day Treatment Centre	Red	2			
Dolphin Ward	Green	2	Main Entrance	Blue	2	Paediatric Education	Green	2	Sapphire Ward	Brown	2			

Appendix III List of services provided at Medway Maritime Hospital

To find out more about each of the services below go to www.medway.nhs.uk and click onto the 'About the Trust' link. This will take you to the A to Z of services in the Trust and provide you with more information for each of these services.

- Accident and Emergency
- Acute Pain Service
- Allergy service
- Anaesthetics
- Antenatal Care
- Audiology
- Balance centre
- Borough Green Medical Practice
- Breast care
- Bronte Critical Care Unit (BCCU)
- Cancer Services
- Cardio respiratory
- Cardiology
- Children's Services
- Chronic Pain Service
- Coronary Care Unit (CCU)
- Dermatology
- Diabetes
- Diagnostics
- Ear, Nose and Throat (ENT)
- Endoscopy
- Estates
- Facilities and Clinical Support
- Gastroenterology
- General Medicine
- Gynaecology
- Haematology
- Health Records
- Imaging (scans)
- Intensive Care
- Lung cancer and mesothelioma
- Macmillan Cancer Care Unit
- Main Theaters
- Maternity Services
- Medical Assessment Unit (MAU)
- Neurology
- Nuclear medicine
- Older people
- Oliver Fisher Special Care Baby Unit
- Orthopaedics and trauma
- Orthodontics
- Orthotics
- Outpatients
- Paediatrics
- Pain Medicine
- Patient Transport
- Pathology
- Pharmacy
- Phlebotomy
- Physiotherapy
- Plaster theater
- Preston Skreens
- Procurement
- Rheumatology
- Sexual Health (GUM Clinic)
- Sunderland Day Case Unit
- Thoracic medicine
- Trafalgar High Dependency Unit
- Urology
- Vascular

www.good-governance.org.uk