Council of Governors Elections 2017
About the Trust

Kingston Hospital NHS Foundation Trust is a single site, medium sized Hospital, located within Kingston-Upon-Thames in South West London. The Trust provides services to approximately 350,000 people locally on behalf of its main commissioners, including Kingston, Richmond, Wandsworth, Merton and Sutton Clinical Commissioning Groups (CCGs) in South West London and Surrey Downs CCG (East Elmbridge locality) in Surrey.

The Hospital is on the site of the former Kingston Union Workhouse, built in 1839 as a result of the Poor Law Amendment Act 1834. An infirmary was built on the site of what is now Regent Wing in 1843. In 1948, when the NHS was launched, the entire former workhouse site was given over to the hospital. The Trust was licensed as a NHS Foundation Trust, a not-for-profit, public benefit corporation authorised under the National Health Service Act 2006 to provide goods and services for the purposes of the health service in England, with effect from 1st May 2013.

The Trust has some 520 beds and directly employs around 2,900 staff, with another 300 staff employed by contractors working on behalf of the Trust.

During 2016/17 there were:
- 116,557 patients seen in A & E
- 5,636 Babies delivered
- 57,002 patients admitted
- 418,094 Outpatient Appointments

In support of our commitment to quality, a vision was developed with the support of staff, patients and the community.

‘Working Together to deliver exceptional, compassionate care each and every time’

As well as delivering services from the main hospital base, the Trust delivers ambulatory services at a range of community locations in partnership with GPs and community providers. The Trust’s clinicians provide and/or support care in outpatient and day surgery facilities at a number of community locations.

The Trust has strong links with tertiary and specialist hospitals, particularly St George’s NHS Foundation Trust and The Royal Marsden Hospital NHS Foundation Trust jointly provides cancer services on the Kingston Hospital site in the Sir William Rous Unit. The Trust also has close links with Kingston University and St George’s Medical School. The Trust jointly runs the Elective Orthopaedic Centre at Epsom Hospital in partnership with St George’s, Croydon and Epsom & St Helier Hospitals.

This last year has seen the organisation build on a number of successes in previous years and continue to drive through a number of improvements for both our patients and staff. Despite continued rising demand for services, and the challenges associated with that, there is a great amount that has been achieved this year of which the Trust is proud.

The Trust has consistently delivered the 18 weeks referral to treatment target across all specialties and has been one of the best performers in terms of meeting the cancer waiting targets. In January 2017 the hospital was the best performing Trust in London for the 62 day target and one of the best in the country in quarter two of 2016-17. Meeting these important targets for patients requires input from many staff across the Trust. The Trust has also been chosen as one of only five sites across the country (and the only one in London) to be a pilot site for 28 day faster cancer diagnosis for patients, which is part of a programme of work that is aiming by 2020 to have new systems in place for diagnosing and starting the treatment of cancer much earlier.

Over the last three years the Trust has implemented its first ever Dementia Strategy and made huge strides in the way in which the whole hospital cares for our patients with dementia. One element of the strategy is
focused on improving the environment patients are cared for in and to support this, a major fundraising appeal was launched to raise funds to transform our elderly care wards. Derwent was the first ward to be transformed and it opened to patients in November 2016. The ward is completely dementia friendly and has been designed with input from staff, patients, carers and local organisations. The ward draws on all the evidence-based research relating to lighting, matt non-patterned flooring and using colour and art to help patients find their way around the ward and more social spaces away from the bedside. It also has an activity room to help patients take part in a range of activities and support their independence. Our aim now is to transform at least three more wards.

In November, the Trust opened a new Clinical Decisions Unit which now forms part of the facilities provided by the Emergency Department (ED). The unit has six beds and has helped to reduce some of the pressure on ED by providing space for patients who need emergency treatment such as further diagnostic tests and assessments, which are likely to take longer than four hours.

The 2016 staff survey results were published in March 2017 there were huge improvements in the results across the board. When compared with our South West London neighbouring trusts, our staff are the happiest; we scored in the top 20% of acute trusts in the country in 13 key areas and have improved in 55 areas. The staff tell us they would recommend this as a good place to work and would look to bring their family and friends here if they needed care. There are still more areas where we’d like to see improvements and one of the priorities for 2017-18 is focusing on staff health and wellbeing.

Historically the Trust has achieved good operational performance and NHS Improvement has placed the Trust in segment 2 under the Single Oversight Framework Provider Segmentation arrangements. A scheduled Care Quality Commission inspection took place in January 2016 and the overall outcome of the report was ‘requires improvement’. Caring across the hospital was rated as ‘Good’ and five of eight services were also rated as ‘Good’ overall - Surgery (including Theatres and Anaesthetics); Critical Care; Maternity and Gynaecology; Services for Children and Young People and End of Life Care.

The latest information on the Trust’s financial and operational performance can be found in the papers for Board meetings on the Trust’s website.

Council of Governors Elections 2017
Kingston Hospital has been a Foundation Trust since May 2013. We currently have 33 Governors on our Council of Governors and elections for current public governor vacancies will be taking place this autumn.

Governors play a vital role in making sure that the hospital and its services are being run effectively and have direct influence on strategic decision making. Make a difference and become a Governor for Kingston Hospital NHS Foundation Trust.

Role of the Governors
The Council of Governor is responsible for the appointment of the Chairman and the Non-Executive Directors, and agreeing their terms and conditions, as well as the appointment of the external auditor. Each financial year, the Council of Governors is consulted by the Board on the Trust’s forward plans and receives the Annual Accounts, Auditors’ Report, Annual Report and Quality Report. Governors respond as appropriate when consulted by the directors on specific issues. Governors are unpaid.

Public and Staff Governors are elected by members from their local constituencies to serve on the Council of Governors. Governors are representatives from those constituencies and have the opportunity to advise on the interests of members in discussions at the Council of Governors or its Committees, although they are not mandated to do so. Those discussions may cover how services can be improved, future strategic planning, how patient care or the working lives of our staff can be enhanced and how to improve engagement with our constituencies and stakeholders.

September 2017
They provide input into decisions around the appointment of the Chair and Non-Executive Directors and selection of the Trusts auditors. Governors should not get involved with individual health issues for their constituents, but can often provide guidance on who to direct enquiries to at the Trust.

Involvement with members
A Governor Involvement Strategy has been developed and was approved by the Council in March 2014 and revised in March 2017.

A Membership Recruitment and Engagement Committee, which is a committee of the Council of Governors was established in May 2013. The Committee meets four times a year. Its role is to support the Trust in growing and developing the membership, improving diversity of membership and facilitating communication between Governors, members and the local community.

Governors have engaged with patients, members and the wider public in a number of ways during 2016-17. This included:

- Monthly email bulletins to members including details of where and how to meet and contact Governors.
- Accompanying Executive and Non-Executive Directors on regular Deep Dive Walkabouts.
- Regular events such as health talks, with Governors being in attendance to provide opportunities after the meetings for patients, members and the wider public to speak to a Governor.
- Governors regularly attending Trust Board meetings where members can speak to them.
- Designated e-mail addresses for Governors by constituency for patients, members and the wider public to contact them.
- Governors attending many trust events, both on site such as the Open Day held in July 2016 and off site community events where they have met and recruited members and engaged with the wider public on the work of the Council of Governors and the Trust.
- A number of Governors attend their local Healthwatch, CCG and Patient Participation meetings.

Elections

We have vacancies in the following Constituencies. To check which constituency you live in please see annex 1.

<table>
<thead>
<tr>
<th>Borough</th>
<th>Number of posts up for election</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmbridge</td>
<td>1</td>
</tr>
<tr>
<td>Kingston</td>
<td>3</td>
</tr>
<tr>
<td>Richmond</td>
<td>2</td>
</tr>
<tr>
<td>Merton</td>
<td>1</td>
</tr>
<tr>
<td>Sutton</td>
<td>1</td>
</tr>
<tr>
<td>Wandsworth</td>
<td>1</td>
</tr>
<tr>
<td>Rest of Surrey and Greater London</td>
<td>1</td>
</tr>
<tr>
<td>Staff Governor – Allied Health Professionals</td>
<td></td>
</tr>
<tr>
<td>Staff Governor – Nursing and Midwifery</td>
<td></td>
</tr>
<tr>
<td>Staff Governor - Management, Administration and Support Staff</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
</tr>
</tbody>
</table>
Making an application

If you are interested in standing for election please:

   a) confirm you live in one of the constituencies listed in Annex 1;
   b) confirm you are eligible to stand as outlined in Annex 2;
   c) Request a nomination pack from Lucy Carter, call 020 8934 2145 or e-mail lucy.carter@kingstonhospital.nhs.uk:

Timetable

<table>
<thead>
<tr>
<th>Election Stage</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice to all Members of election</td>
<td>September 2017</td>
</tr>
<tr>
<td>Notice of Election / nomination open</td>
<td>Wednesday 27th September 2017</td>
</tr>
<tr>
<td>Nominations deadline</td>
<td>Thursday 12th October 2017</td>
</tr>
<tr>
<td>Notice of Poll published</td>
<td>Tuesday 31st October 2017</td>
</tr>
<tr>
<td>Close of election</td>
<td>Tuesday 21st November 2017</td>
</tr>
<tr>
<td>Declaration of results</td>
<td>Wednesday 22nd November 2017</td>
</tr>
<tr>
<td>Mandatory Induction Day for New Governors</td>
<td>Thursday 14th December 2017</td>
</tr>
</tbody>
</table>

If you have any queries please contact FTMembership@kingstonhospital.nhs.uk or call 020 8934 2145 to find out more. More information on the Council of Governors can be found here: https://www.kingstonhospital.nhs.uk/our-trust/council-of-governors.aspx

September 2017
## Annex 1

### Constituencies

<table>
<thead>
<tr>
<th>Royal Borough of Kingston upon Thames (Whole Borough)</th>
<th>Alexandra, Berrylands, Beverley, Canbury, Chessington North and Hook, Chessington South, Coombe Hill, Coombe Vale, Grove, Norbiton, St. James, St. Mark’s, Surbiton Hill, Tolworth &amp; Hook Rise, Tudor, Old Malden</th>
</tr>
</thead>
<tbody>
<tr>
<td>London Borough of Richmond upon Thames (Whole Borough)</td>
<td>Barnes; East Sheen; Fulwell &amp; Hampton Hill; Ham, Petersham &amp; Richmond Riverside, Hampton, Hampton North; Hampton Wick; Heathfield; Kew; Mortlake and Barnes common; North Richmond; South Richmond; South Twickenham; St. Margaret’s and North Twickenham; Teddington, Twickenham Riverside; West Twickenham; Whitton</td>
</tr>
<tr>
<td>Elmbridge Borough Council (Whole Borough)</td>
<td>Claygate, Cobham and Downside, Cobham Fairmile, Esher, Hersham North, Hersham South, Hinchley Wood, Long Ditton, Molesey East, Molesey North, Molesey South, Oatlands Park, Oxshott and Stoke D’Abernon, St. George’s Hill, Thames Ditton, Walton Ambleside, Walton Central, Walton North, Walton South, Weston Green, Weybridge North, Weybridge South</td>
</tr>
<tr>
<td>London Borough of Wandsworth</td>
<td>West Putney, Roehampton, East Putney, West Hill, Southfields, Fairfield, Wandsworth Common, Thamesfield, Earlsfield</td>
</tr>
<tr>
<td>London Borough of Merton</td>
<td>Raynes Park, Wimbledon Park, Merton Park, Hillside, Dundonald, Wimbledon Village, Cannon Hill, Abbey, West Barnes, Lower Morden, Trinity</td>
</tr>
<tr>
<td>London Borough of Sutton</td>
<td>Cheam, Cheam and Worcester Park, Stonecot, Nonsuch</td>
</tr>
<tr>
<td>Rest of Surrey and Greater London</td>
<td>The electoral areas of: Epsom and Ewell Borough Council; Guildford Borough Council; Mole Valley District Council; Reigate and Banstead Borough Council; Runnymede Borough Council; Speltorne Borough Council; Surrey Heath Borough Council; Tandridge District Council; Waverley Borough Council; Woking Borough Council.</td>
</tr>
</tbody>
</table>

City of London; London Borough of Barking and Dagenham; London Borough of Barnet; London Borough of Bexley; London Borough of Brent; London Borough of Bromley; London Borough of Camden; London Borough of Croydon; London Borough of Ealing; London Borough of Enfield; Royal Borough of Greenwich; London Borough of Hackney; London Borough of Hammersmith & Fulham; London Borough of Haringey; London Borough of Harrow; London Borough of Havering; London Borough of Hillingdon; London Borough of Hounslow; London Borough of Islington; Royal Borough of Kensington & Chelsea; London Borough of Lambeth; London Borough of Lewisham; London Borough of Merton (selected wards only – Colliers Wood, Graveney, Lavender Fields, Figgies Marsh, Longthornton, Pollards Hill, Cricket Green, Ravensbury and St Helier; London Borough of Newham; London Borough of Redbridge; London Borough of Southwark; London Borough of Sutton (selected wards only – Beddington North, Beddington South, Belmont, Carshalton Central, Carshalton South and Clockhouse, St. Helier, Sutton Central, Sutton North, Sutton South, Sutton West, The Wrythe, Wallington North, Wallington South, Wandle Valley; London Borough of Tower Hamlets; London Borough of Waltham Forest; London Borough of Wandsworth (selected wards only – Balham, Bedford, Furzedown, Graveney, Latchmere, Nightingale, Northcote, Queenstown, St. Mary’s Park, Shaftesbury, Tooting; City of Westminster.)
Annex 2

Disqualification and Grounds for removal

1. An individual may not become or continue as a member of the Council of Governors if:

   (a) he is a person whose tenure of office as the Chairman or as a member or director of an organisation engaged in the provision of health services for the purpose of health services in England, including an NHS foundation Trust, has been terminated on the grounds that his appointment is not in the interests of the health service, for non-attendance at meetings, or for breach of the relevant organisation’s constitution (including for non-disclosure of an interest which was required to be disclosed);

   (b) he is an elected or appointed governor of the Trust and is also an Executive or Non-Executive of the Trust, or a governor, non-executive director (including the chairman) or executive director (including the chief executive officer) of another NHS Foundation Trust or such other organisation as the Council of Governors may decide (after consultation with the Board of Directors);

   (c) he is required to notify the police of his name and address as a result of being convicted or cautioned for relevant sex offences pursuant to the Sex Offenders’ Act 1997 or other relevant legislation;

   (d) he has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with an organisation engaged in the provision of health care services for the purposes of the health service in England. In other cases of dismissal such as capability, an individual may be permitted to become a governor at the discretion of the Trust and subject to full disclosure of the relevant circumstances and facts concerning the dismissal;

   (e) he is a medical practitioner who has been disqualified by a direction under any applicable legislation and or has been removed from any list prepared there under;

   (f) he is any other health or social care practitioner whose professional and/or other registrations appropriate to his practice and specialty have been suspended, disqualified, revoked or removed in any manner or he has otherwise failed to maintain or lost his registration for any disciplinary breaches or pursuant to any other proceedings and such registration has not been subsequently reinstated;

   (g) he has failed to sign and deliver to the Secretary a statement in the form required by the Council of Governors confirming acceptance of the Code of Conduct for Governors;

   (h) he is a spouse, partner, parent or child of a member of the Board of Directors of the Trust;

   (i) he is under a warning from the Trust for verbal and/or physical abuse towards Trust staff, staff contracted to provide a service for the Trust or its patients or visitors;

   (j) he fails to attend two meetings of the Council of Governors in any Financial Year, unless the Council of Governors is satisfied that the absences were due to reasonable
causes and he will be able to start attending meetings of the Trust again within such a period as they consider reasonable; or

(k) he is, or is the spouse or partner of, a member of a clinical commissioning group (for the purposes of the Health and Social Care Act 2012 that commissions services from the Trust) unless otherwise appointed in accordance with the Constitution;

(l) he is a member of a local authority’s Scrutiny Committee covering health matters;

(m) he is a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Authority Act 2000;

(n) he is a person who, on the basis of disclosures obtained through an application to the disclosure and barring service, is considered unsuitable by the Trust’s Board of Directors.

2. In the following circumstances it is for the Chairman to determine in his/her absolute discretion as to whether a Governor falls into one of the following categories for disqualification, in which case he may not become or continue as a member of the Council of Governors:

(a) he is incapable by reason of mental disorder, illness or injury of managing and administering his property and affairs; or

(b) he is a vexatious complainant to the hospital.

The Chairman may implement the procedure set out in Annex 5AA of the constitution if in his/her absolute discretion he/she determines that a Governor should be considered for disqualification or removal for special reasons.