Council of Governors Elections 2018
About the Trust

Kingston Hospital NHS Foundation Trust is a single site, medium sized hospital, located in Kingston-Upon-Thames, South West London. The hospital has operated on this site since 1948 when, with the launch of the NHS, the entire site of the former Kingston Union Workhouse (built in 1839) was given over to the hospital. In 2013 the hospital was licensed as a NHS Foundation Trust, a not-for-profit, public benefit corporation authorised to provide goods and services for the purposes of the health service in England. The Trust provides services to c.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). The Trust has c.520 beds and directly employs around 2,900 staff, with another 300 staff employed by contractors working on behalf of the Trust. In 2017/18 the Trust saw over 118,000 patients in A&E, undertook 424,580 outpatient appointments and cared for 66,484 admitted patients (including Daycase and Maternity admissions). The Trust's maternity unit delivered 5,330 babies.

We are very proud of our hospital’s record of achieving good operational performance. The Trust’s referral to treatment time (RTT) for non-admitted pathways is consistently better than the England average and the Trust is also a top performer on the operational standard for people being seen within two weeks of an urgent GP referral for suspected cancer. The Department of Health’s standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival. The Trust is not consistently meeting this four-hour standard, but is better than the England average. A scheduled CQC - Care Quality Commission - inspection took place during May and June 2018 and the Trust was graded as ‘Outstanding’ overall for quality.

Since 2011 the Trust has been working to a set of core values developed by staff and patients to enable the organisation to deliver the shared vision of ‘working together to deliver exceptional, compassionate care – each and every time’. The Trust’s aim is to make these values - caring, safe, responsible, and value each other - what we do for every patient, every colleague, every day. We were delighted to read some of the comments made in the recent CQC report:

“All staff were extremely caring and compassionate.” “Staff treated patients as partners in their care.”
“Staff felt supported, respected and valued by the organisation.”

The CQC looked at the quality of leadership at every level as part of the inspection and judged the Trust to be ‘Outstanding’ for well-led. The Board values the contribution of the Council of Governors to its governance framework.

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

The latest information on the Trust’s financial position can be found in Board papers on the Trust’s website. In 2017/18 the Trust achieved a financial position of a £6.0m deficit at the year end, which represented an adverse variance of £6.9m against the agreed annual control total of £0.9m surplus. This deterioration against the control total was formally forecast and presented to NHS Improvement in the Quarter 3 submission. The primary reasons were under delivery on cost improvement plans, low maternity activity, drugs overspends and other non-pay pressures, and a decrease in elective surgery in the first half of the year. The financial implications were partially mitigated by high non-elective activity and other recovery actions on procurement, contract management and pay control. The Trust is planning to deliver a control total for 2018/19 which has been set at a deficit of £6m. This translates to a surplus of £2.1m once £8.1m of Provider Sustainability Funding (PSF) formerly known as the Sustainability and Transformation Fund, is included. The plan is not without significant risk due to the scale of the financial challenge locally. The Trust’s regulator, NHS Improvement, has recognised that the Trust manages its finances carefully. This has been reflected in NHSI’s assessment that the Trust is in the top 10% of hospitals for productivity.

September 2018
Council of Governors Elections 2018

The Council of Governors was formed when Kingston Hospital became an NHS Foundation Trust in May 2013. We currently have 32 Governors on our Council of Governors and elections for 6 public and 1 staff governor vacancies will be taking place this autumn. The public vacancies are in Kingston, Richmond and Elmbridge and the staff governor vacancy is for a Medical and Dental Practitioner.

Governors of Foundation Trusts have a pivotal role to play in holding the Board of Directors to account, through the Non-Executive Directors (NED), for the performance of the organisation, and for providing a link between the Trust and its members, patients and the wider community to strengthen local accountability.

In essence this is about:
- Promoting the Trust in an ambassadorial role
- Receiving information on performance, challenges, key risks and overall strategy
- Sharing information on performance and changes with the members
- Feeding back to the Trust on the views of the members
- Holding NEDs to account for the performance of the Board through three strands of activity:
  - NEDs individually demonstrating that they are receiving appropriate assurance themselves for the areas that are within their own spheres of responsibility
  - NEDs demonstrating collectively that they are verifying information from various sources appropriately in order to achieve the assurance needed;
  - Evidence that the machinery of the functioning of the Board is efficient and effective.

Role of the Governors

The Council of Governors 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. They represent members’ interests and feed in their views in discussions at the Council of Governors or its Committees on how services can be improved, on future strategic planning and on how patient care or the working lives of our staff can be enhanced and on how to improve engagement with our constituencies and stakeholders. 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.

The Trust feels that it is vitally important that governors have exposure to services provided by the Hospital. However, governors do not have an operational role, nor do they have a right as such to ‘inspect’ Trust services or conduct quality reviews. A programme of activity is put in place in order to support governors in:
- Being visible in the organisation and role modelling the values and sharing the strategic vision.
- Engaging with frontline staff to hear their perspective and to understand the issues that impact upon quality, efficiency and their experience as staff members.
- Gather assurance to triangulate information received through more formal channels.
- Contribute to the evidence base around quality improvement.
- Understanding the context within which the Trust operates to support their contribution to the Trust’s strategic direction.
- Understanding the context to support communication with members.

The types of activities you may become involved in will include:
- Receiving monthly email bulletins to members.
- Accompanying Executive and Non-Executive Directors on Quality 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.
- Regularly attending Trust Board meetings.
- Attending events, both on site and off site, where you will be recruiting members and engaging with the wider public on the work of the Council of Governors and the Trust.
- Attending local Healthwatch, CCG and Patient Participation meetings.

September 2018
Elections
We have vacancies in the following Constituencies. To check which constituency you live in please see annex 1.

<table>
<thead>
<tr>
<th>Type and Constituency</th>
<th>Number of vacancies</th>
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</thead>
<tbody>
<tr>
<td>Public Governor – Kingston</td>
<td>4</td>
</tr>
<tr>
<td>Public Governor – Richmond</td>
<td>2</td>
</tr>
<tr>
<td>Public Governor – Elmbridge</td>
<td>1</td>
</tr>
<tr>
<td>Staff Governor – Medical and Dental Practitioners</td>
<td>1</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 Evelina Mart, call 020 8934 6160 or e-mail khft.ftmembership@nhs.net

Timetable

<table>
<thead>
<tr>
<th>Election Stage</th>
<th>Timetable</th>
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</thead>
<tbody>
<tr>
<td>Information sessions - public governors</td>
<td>20th September 2018 or 2nd October 2018 at 6.00 pm</td>
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<tr>
<td>Information sessions - staff governor:</td>
<td></td>
</tr>
<tr>
<td>medical and dental practitioners</td>
<td>19th September at 1.00 pm or 20th September at 5.00 pm</td>
</tr>
<tr>
<td>Notice of Election / nominations open</td>
<td>Wednesday 26th September 2018</td>
</tr>
<tr>
<td>Nominations deadline</td>
<td>Thursday 11th October 2018</td>
</tr>
<tr>
<td>Notice of Poll published</td>
<td>Tuesday 30th October 2018</td>
</tr>
<tr>
<td>Close of election</td>
<td>Tuesday 20th November 2018</td>
</tr>
<tr>
<td>Declaration of results</td>
<td>Wednesday 21st November 2018</td>
</tr>
</tbody>
</table>

If you have any queries please contact khft.ftmembership@nhs.net or call Evelina Mart on 020 8934 6160 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
Annex 1

<table>
<thead>
<tr>
<th>Areas of the public constituency</th>
<th>Electoral wards included from Borough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Borough of Kingston upon Thames</td>
<td>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</td>
</tr>
<tr>
<td>London Borough of Richmond upon Thames</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</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, Dunonald, 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; Spelthorne Borough Council; Surrey Heath Borough Council; Tandridge District Council; Waverley Borough Council; Woking Borough Council.</td>
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</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, Gravesham, Lavender Fields, Figges 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, Wandsworth; 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.

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2 This does not include wards which are listed above as part of the sub-constituency, the “London Borough of Merton”.
3 This does not include any wards which are listed above as part of the sub-constituency, the “London Borough of Sutton”.
4 This does not include any wards which are listed above as part of the sub-constituency, the “London Borough of Wandsworth”.

September 2018
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.