

Governors Council

Report of:	Deputy Chairman of Governors Council
Title:	Monitor Conference, 5 th March 2008
Date:	16 th May 2008
Action:	For attention

Summary

The notes from this meeting are attached, together with the outcome from the group of Governors who met to discuss the issues on 9th April.

Recommendation

The Governors Council is asked to consider the issues raised and agree any action required to improve the Council's performance.

MONITOR'S GOVERNORS' CONFERENCE

One Whitehall Place, Whitehall, London
5th March 2008

Report by Hugh Sturzaker

Jean Mason, Paul Smith and I attended this meeting today.

This was the first of four national meetings held in different parts of the country with the aim of:

- Giving the results of the Survey of Foundation Trust Governors
- Informing the attendees what Foundation Trusts are doing or could do
- Exchanging views among Foundation Trust Governors

There were four presentations after which the 8-10 people sitting at each table (There were 15 tables) discussed two issues and wrote a summary of the discussion. This is to be incorporated into a report along with the survey. The main point from each table was communicated to the whole audience.

Robert Harris, Policy Director of Monitor, reminded the audience that the Governors function was:

- To hold the Trust Boards to account
- To appoint NEDs, auditors etc. and set remuneration levels
- To introduce local accountability

He emphasised:

- that the Governors' role is strategic rather than operational
- the importance of Boards and Governors working together – Mutuality

Governors Survey:

71 of 73 Foundation Trusts had responded to the survey and 55% of all Governors.

The Survey showed that:

- Governors are engaged
- Governors understand what is required
- Governors enjoy good relationships with chairs
- Governors believe they are making a difference

The main points in making the Governors more effective were:

- Better links with the Board of Directors
- More active engagement with members/community
- Those who are more informed tend to be more engaged and perform better
- More information on their role and education (Especially about NHS and finance)
- Training in how to identify good people at interviews

Peter Hunt, Chief Executive of Mutuo spoke about Local Accountability. He said that democratic membership may not reflect the “typical” user/member and, if this is the case, the Trust must work at correcting this. If membership is not representative the accountability chain will fail. The Trust must identify the gaps, develop strategies for filling the gaps and do the same for elected Governors.

He said that local accountability means Building Confidence in democratic governance so that Governors can:

- Exercise statutory duties
- Hold the Board to account
- Relate to the local community
 - Representative of the community and taking it seriously
 - Batting for the public and patients
 - Trusted

Tony Spotswood, Chief Executive of Royal Bournemouth Hospital

His Governors led events to ascertain the public views on the Trust’s existing services and asked the Board to take these into account in developing the Trust’s strategy. The public feedback focused on:

- Improving Customer Care and this training was given by John Lewis Partnership
- Infection Prevention and Control (They have the lowest Clostridium difficile and fourth lowest MRSA rates in the country)
- Emergency Admission Processes
- Quality of the Environment
- Holistic Care
- Patient Information
- Patient Communication
- Equality and Diversity
- Discharge of Patients
- Getting to Hospital

The benefits of this process were:

- Galvanising the Board and Governor cohesion
- The Trust’s strategy had the important support of local people
- Feedback enabled the Trust to reassess priorities e.g. customer care
- Strengthening the reputation of the Trust
- The surveys made a strong advocate case at discussions with the PCT
- A common purpose and vision.

Dr. Patrick Geoghegan, Chief Executive of South Essex Partnership FT said that the Members, Governors and Board are all in this together for the benefit of the community and Governors can help the Board to think differently.

He believed in an intensive induction programme for all Governors and ongoing development opportunities. He had Governor Led Working Groups. Publicity and membership recruitment was sometimes done at football matches.

Other points brought up from discussions were:

- Some Governors attend Board of Directors meetings
- Governors invited to sit on outward-facing Trust committees
- Emphasis on the education of Governors (One Trust did this monthly for 18 months)
- Majority of Trusts provided refreshments for Governors' meetings
- Staff Governors are not union representatives in a different guise
- Governors work needs to be assessed and appraised
- Emphasis on "customer approach" to all people entering a hospital
- Importance of patients feeling part of the family of the hospital
- One Trust does an annual health check with a team of two Governors and a member of staff visiting 16 different departments
- Annual inspection by some Governors and members of staff to evaluate signage
- Business Plan discussed at informal meetings in small groups to understand the issues before being presented to the Governors' Council
- To obtain younger members one group of Governors targeted Colleges and gave talks on health issues relevant to the young.
- Individual Governors in one Trust are assigned to local voluntary groups to obtain opinions and to give feedback
- Networking meetings of Non Executive Directors and Governors occur in one Trust to produce a Discussion Paper before it is presented to the Governors' Council
- In one Trust Governors who have a question about some aspect of a report have the opportunity of discussing this with the relevant Director just before the meeting and he then presents this in Council
- All Trusts are different

Overall this was a valuable meeting which demonstrated that we are doing well but there are several ways in which we could do even better.

Suggestion: A small group looks at this paper in more detail and makes recommendations for improving our performance.

**Meeting to discuss Monitor's Governors' Meeting held on 5th March 2008
and Governors' Report to Health Commission.**

Barton Room on Wednesday 9th April, 2008 at 9 am

Present: Liz Harrison
Rachel Hulse
Chris Smith
Paul Smith
Hugh Sturzaker

1. There no apologies for absence
2. The Report on the Monitor's Governors' Meeting was agreed as an accurate record
3. The following recommendations were made to Governors' Council for future plans for the Governors. Many of these are already working or are being considered.

A. Improved links with Board of Directors e.g. formal reports from Directors, informal meetings, attending Board Meetings. The group wanted to improve the links between the Council and the Board of Directors. It wanted to know why the public was invited to Board meetings only every three months rather than every month and should the Governors have a representative attending the Board meetings. It was felt that more information was required if the Governors are to be in the position of "holding the Directors to account". The Constitution states that the Governors' Council will establish a policy to engage with the Board of Directors when there are concerns about their performance, compliance with the terms of authorisation and the welfare of the NHS Foundation Trust.

B. Improved links with members and community

- Meetings with local councils, GP Surgeries, Colleges, and Voluntary Groups (contact Liz Barber).
- Notice Boards in Hospital Foyer, Out Patient Clinics, Libraries, GP Surgeries along with suggestion boxes.
- Articles in local papers and magazines from the Governors. HS to submit an article for discussion.
- Stalls at fetes and shows

C. Governor Education: e.g. NHS, Social Services, Hospital Departments, Cardiac Care, Stroke Pathway, Maternity Services, Sickness Rates, Estates and Energy, Community Hospitals, Car Parking. Presentations on one or two of these topics to be given at each Governors' Meeting. Sometimes there are meetings on such topics for the hospital staff. Would it be possible for Governors to attend such meetings? Similarly, there are courses for hospital staff on Interviewing techniques, Presentation Skills, Equality Issues etc. Could Governors attend these rather than having special sessions only for Governors?

D. Hospital Care. Generally it is very good but it was felt that the Trust should do more to promote the good points and successes. The following is a list of topics which needed regular review by the Governors (it is understood that some of these issues are already being tackled):

- "Customer Care". The attitude of staff to patients and carers was regarded as extremely important and although this was excellent in many areas there were some where improvement was needed. Liaising with an outside body such as John Lewis Partnership should be considered.
- Infection Prevention and Control
- Emergency Admissions
- Quality of Environment.
- Holistic Care – increasingly important with greater specialisation
- Patient Information. Could a Governor be on the committee reviewing the leaflets and booklets?
- Patient Communication
- Equality
- Discharge of patients. Need for seamless care pathways between Trust and Primary Care
- Car Parking
- Health Check of Hospital
- Check of signage

E. There was concern that frequently Staff Governors were unable to attend Governors' Council or its subcommittees because of their work commitments. Can the Trust help them?

4. The Report to the Health Commission was approved.

5. Any other Business.

The Governors should establish a policy for removing Governors who fail to discharge their responsibilities.

A discussion took place on suggestions made to reduce the frequency of Governors' elections so as to reduce the expense to the Trust. Unfortunately, the suggestions would not come into effect for many years and seemed complicated so the committee recommended that yearly elections should continue.