

**DRAFT MINUTES OF THE GOVERNOR POLICY BOARD (GPB) MEETING**

**HELD AT ONE BIRDCAGE WALK, LONDON, SW1H 9JJ**

**ON TUESDAY 24 MAY 2016, 11.00AM – 14.00PM**

**Board members present:**

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| Frances Blunden (FB) (chair) | Governor, Royal Free London NHS Foundation Trust |
| Robert Alabaster (RA) | Governor, North East Ambulance Service NHS Foundation Trust |
| Sheila Barnes (SB) | Governor, Rotherham Doncaster and South Humber NHS Foundation Trust |
| Peta Foxall (PF) | Governor, Royal Devon and Exeter NHS Foundation Trust |
| John Jones (JJ) | Governor, South Essex Partnership University NHS Foundation Trust |
| Roy Underwood (RU) | Governor, Doncaster and Bassetlaw Hospitals NHS Foundation Trust |
| Edward Waite (EW) | Governor, Royal Brompton and Harefield NHS Foundation Trust |

**In attendance:**

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| John Coutts (JC) | Policy advisor, NHS Providers |
| Saffron Cordery (SC) | Director of strategy and policy, NHS Providers |
| Kim Hutchings (KH) | Head of development and engagement, NHS Providers |
| Edwin Magombe (EM) | Governor support officer, NHS Providers |
| Claire Mescia (CM) | Programme manager for GovernWell, NHS Providers |

**Apologies:**

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| Kate Archer (KA) | Governor, Birmingham Women’s NHS Foundation Trust |
| Sue Davis (SD) | Chair, Birmingham and Solihull Mental Health NHS Foundation Trust |

**Action log:**

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| Saffron Cordery (SC) | **Ask the NHS Providers board to appoint a chair to the governor policy board following the election results in July.** |
| All | **Reflect on the role of the GPB and whether it was fulfilling its objectives. This issue will be explored further at a future meeting.** |
| Claire Mescia (CM) | **Consider producing a newsletter article on the topic of governors gaining financial assurance within their trusts.** |
| John Coutts (JC) | **Review guidance on whether governors can join or observe audit committees.** |
| Claire Mescia (CM) | **A suite of template documents such as the governor code of conduct to be explored this year after immediate priorities are delivered.** |
| Claire Mescia (CM) | **Take forward suggestions of improvements for the next Governor Focus Conference.** |
| Claire Mescia (CM) | **Present the results of the lead governor survey at the next meeting.** |
| Claire Mescia (CM) | **Change the wording of question four on the lead governor survey.** |
| Claire Mescia (CM) | **Explore examples of community engagement with East Midlands and South East Ambulance Services.** |

1. **WELCOME FROM THE CHAIR**

FB welcomed the group to the meeting and noted apologies from KA and SD. JJ and EW were introduced as new members of the board. It was noted that SB will be ending her term as a governor on 1st August 2016, so she will attend her last GPB meeting on 28th July 2016.

1. **PREVIOUS MINUTES AND MATTERS ARISING**

The group discussed the governance survey results, noting the varying levels of member engagement. On the action from the previous meeting to create a GPB election committee, KH stated that the deputy chief executive Simon Hearn has created an initial briefing on options moving forward. CM commented that NHS Improvement had begun work on updating their guidance on significant transactions. SC noted that NHS Improvement will probably not conduct a consultation on this, but that they are keen to consult on new models of care.

1. **CHANGES TO GPB MEMBERSHIP AND NHS PROVIDERS BOARD REPRESENTATION**

SC reminded the group of the current GPB membership composition of the group as outlined in the terms of reference. The main NHS Providers board are in the process of electing new members and therefore SC suggested waiting until July to see the results of the elections before appointing a new chair. SD will remain as a chair representative of the GPB.

**ACTION – SC to ask the NHS Providers board to appoint a chair to the governor policy board following the election results in July.**

1. **PROGRESS REPORT**

CM presented the governor support programme progress report for 2015/16, highlighting the success of the various products including the governor focus conference, quarterly governor newsletter, regional development workshops, governor policy briefings, induction toolkit, website resources, surveys, case studies, jargon buster, the e-learning platform as well as others.

CM commented on the productive relationship between NHS Providers and NCVO which has developed due to the effort to raise the profile of NHS governors during Volunteers’ Week. PF commented that this was a positive development. Videos have been produced to raise awareness about governor issues and there has also been greater engagement with governors and key stakeholders on social media. There has been greater collaboration with NHS England to encourage providers to invest in volunteers. NHS Providers has also worked closely with the Care Quality Commission (CQC) to improve its engagement with governors during inspections, contributing to the creation of a guidance document on the inspection process and facilitating consultation with governors via regional governor development workshops.

In terms of GovernWell training, more trainers are being recruited such representatives from Future Focused Finance, who will deliver the finance module. There will a database upgrade at NHS Providers which will present an opportunity to stream the administration of the GovernWell programme. SB commented that the information and training provided by the governor support team was excellent and much appreciated.

FB asked the group, including the new members, to reflect on the governor policy board group and whether they were fulfilling their objectives. This issue would be explored further at a future meeting.

**ACTION –** **All to reflect on the role of the GPB and whether it was fulfilling its objectives. This issue will be explored further at a future meeting.**

JJ commented that finance is an area of concern for him and proposed whether trusts should develop standardised financial ratios. SC suggested that the emphasis should be placed on sharing practice rather than making recommendations and standardising processes.

RU asked the group how governors can be assured if information is not available. FB suggested the key is to develop good relationships with the auditor and SC concurred adding it is important to ask holding to account questions to ensure that the relevant information is given to you. RU suggested that it would be good to distribute some good practice on this topic for the governor newsletter.

**ACTION – CM to consider producing a newsletter article on the topic of governors gaining financial assurance within their trusts.**

SB commented that her trust have two governors observing the audit committee, although others on the GPB had received some resistance to the idea. JC noted that audit committee activities should ultimately play out at the the board meetings. SC agreed there was an opportunity to challenge the board at board meetings, but added that it would be good to have clarity on this issue. FB asked for some guidance on whether governors can join or observe audit committees.

**ACTION – JC to review guidance on whether governors can join or observe audit committees.**

FB suggested it would be helpful to build a suite of template documents such as the governor code of conduct. CM replied that this was already in the work plan but would be explored after other priority areas have been delivered.

**ACTION – A suite of template documents such as the governor code of conduct to be explored by CM this year after immediate priorities’ are delivered.**

SC updated the group on the situation at Southern Health NHS Foundation Trust. SC noted that it was not for NHS Providers to make comments on individual trust but the situation was being monitored.

1. **FEEDBACK ON GOVERNOR FOCUS CONFERENCE**

FB commented that she felt that the governor focus conference this year was significantly better than last year. PF and SB agreed, commenting that it was well attended and organised. JJ said that some speakers were better than others.

RA commented that the CQC presentation was excellent and open. FB noted that the CQC followed up with her after the conference and that they had since convened a meeting with the council of governors at her trust.

RA suggested that it may be helpful to have colour coded badges by type of governor at the next conference. FB suggested that it would also be good to have more delegate lists to take away.

**ACTION – CM to take forward suggestions of improvements for the next Governor Focus Conference.**

1. **DISCUSSION ABOUT THE ROLE OF THE LEAD GOVERNOR**

KH explained that following the governor focus conference, a group of lead governors requested the establishment of a lead governor network. A study on lead governors in 2015 commissioned by NHS Providers, showed that around half of foundation trusts have an enhanced role for lead governors at their trusts. KH and CM were involved in group teleconference call with 13 lead governors, which resulted in NHS Providers producing a lead governor survey to go out on 20th June 2016.

**ACTION – CM to present the results of the lead governor survey at the next meeting**

RA commented that the draft lead governor survey questions were sound and that a electronic forum for lead governor may be a low cost solution to this issue. JJ suggested that if there were to be a face to face lead governor network meeting it should be tagged onto the end of the regional governor development workshops.

FB suggested that it may be helpful collate template lead governor job descriptions to help trusts clarify the role. FB suggested that the lead governor survey was an opportunity to gather contact details of lead governors if they agreed to it, and that the wording of question four on the survey should be altered to read better.

**ACTION – CM to change wording of question four on the lead governor survey.**

1. **SHARING LOCAL INTELLIGENCE AND PARTNER UPDATES**

RU reported that his trust has been involved in appointing a new chair at his trust, a task which was quite large and may benefit from some guidance.

JJ reported that there was a merger situation at his trust and questions over future constituencies and the size of the council of governors. The CQC report for south Essex was good.

SB stated that there was nothing major to report at her trust but they have just elected a replacement lead governor to take over from her and will start their role on 1st October 2016.

PF reported that Royal Devon and Exeter NHS Foundation Trust have won a contract from 1st June to deliver community services. As an acute trust there has been a steep learning process. Angela Pedder is stepping down to take a lead on the success regime. Governors have been invited to help recruit a new chief executive. During their CQC inspection governors were the first group to be met.

RA reported that his trust had a positive CQC inspection but are awaiting their final report. RA commented that governors have to get out into the community more, such as the ambulance trust community show which took place. KH suggested speaking to ambulance trusts in the East Midlands and South East which have good examples of community engagement. RA commented that the governors are currently appraising the non-executive directors, but need to simplify their process for doing so.

**ACTION – CM to explore examples of community engagement with East Midlands and South East Ambulance Services.**

EW reported that his trust was investigating a hospital redevelopment but this has been a long process. There are a few issues which need to be resolved before further progress can be made.

FB reported that her trust was in the press lately due to sharing patient records with Google’s Deep Mind company, however, press reports had significantly overstated the risks to patient confidentiality and that the scheme was likely to bring significant patient safety benefits through reducing harm from Acute Kidney Injury. Like many other trusts, the trust was running a deficit and struggling to meet some performance targets. The staff survey results were disappointing, particularly in relation to bullying and harassment. The trust was currently recruiting two NEDs and was particularly looking to recruit someone from a BME background. Governors were involved in the process. Performance of the patient transport services continues to be a significant cause for concern.

1. **ROUND UP OF DISCUSSION AND WAY FORWARD**

The group agreed to move onto the next agenda item.

1. **AOB**

FB reiterated that the GPB should consider whether it wishes to do things differently and reflect on whether the group is achieving its objectives.

1. **CONFIRMATION OF NEXT MEETING DATE AND VENUE**

The next meeting will take place on Thursday 28th July 2016 at One Birdcage Walk, London, SW1H 9JJ.