

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

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

**ON THURSDAY 3rd NOVEMBER 2016, 11.00AM – 14.10PM**

**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 |
| Khalid Ali (KA) | Governor, Birmingham and Solihull Mental Health NHS Foundation Trust |
| Sue Davis (SD) | Chair, Birmingham and Solihull Mental Health NHS Foundation Trust |
| Peta Foxall (PF) | Governor, Royal Devon and Exeter NHS Foundation Trust |
| Chris Howarth (CH) | Governor, Ashford and St Peter’s Hospitals NHS Foundation Trust  |
| John Jones (JJ) | Governor, South Essex Partnership University NHS Foundation Trust |
| Nick Marsden (NM) | Chair, Salisbury NHS Foundation Trust |

Roy Underwood (RU) Governor, Doncaster and Bassetlaw Hospitals NHS Foundation Trust

**In attendance:**

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| Ben Clacy (BC) | Director of development and engagement, NHS Providers |
| Nikki Coleman (NC) | Administration Manager, NHS Providers |
| 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 |
| Claire Mescia (CM) | Programme manager for governor support, NHS Providers |
| Deepa Mistry (DM) | Programme development administrator, NHS Providers |

**Apologies:**

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| Edward Waite (EW) | Governor, Royal Brompton and Harefield NHS Foundation Trust  |
| Kate Archer (KA) | Governor, Birmingham Women’s Hospital NHS Foundation Trust  |

1. **WELCOME FROM THE CHAIR**

FB welcomed the group to the meeting and noted apologies from EW. KA and CH were introduced as new members of the board.

**CO\_OPTION**

It was noted that PF status has changed recently from an appointed governor to public governor so needs to stand down from her role as appointed governor on the GPB. However it was highlighted by the board there was a need for continuity in the group after several governors had recently come to the end of their term. A suggestion was made to co-op PF onto the group. This had been previously circulated to members via email to give their views on. There was a general consensus that PF should be co-opted onto the GBP. This was agreed at the meeting and welcomed by all.

**PREVIOUS MINUTES AND MATTERS ARISING**

CM confirmed that the Chair of Lincolnshire Partnership Paul Delvin has written an article for the e-newsletter on the Governors’ role in NHS finance.

FB was keen to include the Governor role in significant transactions and financial assurance.

CM added these aspects were included in the e-article however would be helpful to have tangible examples of what people are working on to complement the theory.

ACTION: FB replied that she will liaise with her colleagues at Royal Free London NHS Foundation Trust.

FB requested that the GPB should be involved in the early stages of planning for the next Governor Focus conference to help shape the agenda. This was agreed by the group.

**FEEDBACK FROM LEAD GOVERNORS MEETING**

FB informed the group of the key points that came out from the Lead Governor meeting held on 6th October 2016. The background to this is that a group of Lead Governors has formed an informal network. Two themes previously highlighted were a lack of awareness from the network on what NHS Providers role is and what support it provides to Governors and a lack of awareness of the role of the GPB. The meeting included presentations to address these.

Overall it was a useful meeting and an opportunity to build on the group’s knowledge and experience of how we can engage more widely to other Governors.

NM added that the lead governor network was created with good intentions and believes the group will continue as it’s a good channel for information exchange and general advice.

SD suggested that Lead Governors are likely to have a more significant role as Councils begin to work together within STPs. NHS Providers will be actively liaising with the Lead Governors group in future.

OTHER ISSUE RAISED

SC provided feedback to the group from discussions with CQC and NHS Improvement. She highlighted that there would be no change to the Governors’ role. It was agreed that the role of Governors in STPs needs exploring further.

RU built on SD’s point as he has experienced via his Board concerns over the STPs. He asked whether the GPB could influence on the STPs from a legal point – this would be useful information for his board.

There was further discussion on the role of Lead Governors. Key themes included:

* the lack of continuity when Governors finish their terms and leave.
* the role of a Lead Governor can be lonely but the current environment might give opportunities for Governors to share experience more
* it can also be beneficial to have a Lead and Deputy Governor as a team, to help reduce the feeling of isolation.

RU added that trusts should be sharing the e-newsletter should be shared with Governors. CM replied that they distributed this to trust secretaries to circulate to their CoGs.

PF added that it would be useful for trusts would be to consider how can a Governor contribute and support during times of intense complexity and times of constant change.

JC added that there needs to be a common language which communicates Governors’ relationships with Board of Directors.

FB commented on the recent London and South East workshop.

Action: NHS Providers to consider an STP briefing for governors.

1. **ELECTION LATEST**

KH reports back from the sub-group considering the election process review. The next election is in March/April 2018.

Action: Recommendations from the sub group will be discussed at the January GPB meeting.

1. **PROGRESS REPORT**

CM presented the July – October 2016 progress report to the board. The key points raised were:

* Working in partnership with NHS England and the National Council of Voluntary Organisations (NCVO) to help develop some new guidance that they are developing on the recruitment and management of volunteers.
* Three NHS Providers regional workshops are in progress that will enable governors to keep up to date with regional NHS issues, participate in discussions and share interesting practice.
* Regional Development Workshop for Governors
1. London and the South East: 31st October 2016, which was hosted by Guys and St Thomas’ NHS FT. Frances Blunden, co-Chaired with Sir Hugh Taylor, the Chairman of the trust.
2. South West Governors Exchange Network: 22nd November 2016, to be held at the Conference Centre, Taunton. Dr Nick Marsden, Chair of Salisbury Hospital NHS FT will Chair this event.
3. North East Regional Development Workshop: 3rd March 2017, to be held at the Conference Centre, Northumbria Healthcare NHS FT. Their Chair, Alan Richardson will Chair the event.
* Summary from the Lead Governors Meeting
* GovernWell training impact surveyOnline Analytics of the Governors pages from the website

Action: CM to inform the Lead Governors group of GBP meeting dates and make contact in advance of the next meeting to share intelligence.

1. **Communicating the role of GPB**

CM provided a briefing from the governor survey findings October 2016, the annual survey which received 104 responses.

Key findings:

* Many respondents commented that they were not aware of what NHS Providers and the Governor Policy Board (GPB) are and who speaks for governors.
* They did not feel the voice of governors within NHS Providers is very strong.
* Some respondents suggested that part of the reason for their lack of awareness was the information wasn’t filtering down to governors and it would be better to engage directly.

CM outlined what NHS Providers is doing and what we could do; and invited the group to explore this further.

The group discussed the importance of continuous communication with Governors. It was recognised that Governors are a different audience and change often which can be a challenge so it will be an on-going task to listen to Governors and inform them of what NHS Providers and the GPB are doing.

A group discussion took place. It was felt that the name Governor Policy Board did not reflect the work of the group and that the name needed to reflect the entirety of the work. Suggestions of “Governor Focus” or “Focus” replacing “Policy” was favoured as “Policy” is not an accurate role of the board. It is an advisory group.

Other suggestions

* Rename as Governor Support Board (Group or Forum)?
* Remove policy from title
* National Governor Forum?
* Maybe change ‘Board’ to Group

**Further ideas from group included:**

* Encourage better Governor attendance at regional meetings
* Encourage the circulation of the newsletters to all FT governors by their trusts
* Consider sending a brief summary of GPB meetings to trusts. Use lead governor regional groups to disseminate any reports on GPB.
* Need to define the achievements of the GPB. Revamp website as it is difficult to navigate to the governor pages
* ‘GPB’ member to write post board meeting report – on a rotational basis
* Consider an interactive online presence – forum. However it was acknowledged that this needs infrastructure – moderation/structure
* Use LinkedIn, Facebook or other internet based forums
* Existing forums more likely to be successful
1. **SHARING LOCAL INTELLIGENCE AND PARTNER UPDATES**

RA provided an update from his trust – the North East Ambulance Service NHS Foundation Trust had a good Care Quality Commission (CQC) result. There’s an on-going issue with Public Governors with the wider engagement - work is in progress. There had been a successful county show to share good practice – not many complaints and people were aware of the NHS 111 service line.

JJ reported back that South Essex Partnership NHS Trust and North Essex Partnership NHS Trust has merged. The trust is presenting a full business case to NHS Improvement (NHSI). Newly appointed NEDs appointed a new CEO and Executive Directors this week.

Action: CM to send JJ trust constitution guidance.

CH provided an update from Ashford and St Peters NHS FT reporting that the governance at his trust has got a lot stronger and the board understands the role of governors better. Some NEDs have recently changed and the new recruits are working well together.

KA reported from Birmingham and Solihull NHS FT, informing the group that his trust allows governors to attend part two of the board meeting. The board is really good and willing to listen. Patient stories are included in the agenda, where they learn from the patients’ experiences. The trust promotes itself well in the community, and particularly at the local university to bring awareness by encouraging students to be ambassadors. They also deliver local community projects such as gardening and arts. KA has recently featured in the Birmingham City magazine.

CM invited KA to work with her on an e-article on his trusts engagement activities.

From Royal Devon and Exeter NHS FT, PF noted that her trust also has good relationships and particularly noted the change from an interim to new CEO.

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

The next meeting will take place on Thursday 26th January 2017 at One Birdcage Walk, London, SW1H 9JJ.