

**MEETING OF THE COUNCIL OF GOVERNORS**
(meeting held in Public)**Monday 23rd April 2018 at 12.10 to 1.30 pm****Florence Nightingale Room, Sycamore House, Cheshire Oaks Business Park,
Lloyd Drive, Ellesmere Port, Cheshire, CH65 9HQ**

Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
2018/19/1	Welcome, apologies for absence and quoracy	Receive apologies and confirm quoracy	Verbal	Chair	12.10 (5 mins)
2018/19/2	Meeting guidelines	Note meeting guidelines	Written Guidelines	Chair	
2018/19/3	Declarations of interest	Identify and avoid conflicts of interest	Verbal	Chair	
2018/19/4	Minutes of the previous meeting : • 18 th January 2018.	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
2018/19/5	Matters arising & action points	Request and provide updates in respect of ongoing items not elsewhere on the agenda, to ensure progress	Written	Chair	
Trust Updates					
2018/19/6	Chair's Report and notification of any urgent matters	To update the Council of Governors on any issues or developments affecting the Trust	Verbal	Chair	12.15 (5 mins)



Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
2018/19/7	Chief Executive's Report including Performance Update	To update the Council of Governors on any issues or developments affecting the Trust	Verbal	Chair Chief Executive	12.20 (15 mins)
Reports from Council of Governors Sub-committees and feedback on governor activity					
2018/19/8	Lead Governor's update	Lead Governor to update Governors on key issues (including any feedback from locality forums)	Verbal	Lead Governor	12.35 (5 mins)
2018/19/9	Membership and Development Sub-committee Chair reports and minutes <ul style="list-style-type: none"> 17 April 2018 (verbal) 18 February 2018 (approved Minutes) 	To review the work of the committee and note the Minutes	Verbal /Minutes	David Bull Committee Chair	12.40 (4 mins)
2018/19/10	Scrutiny Committee Sub-committee Chair reports and minutes <ul style="list-style-type: none"> 18 April 2018 (verbal) 14 February 2018 (approved Minutes) 	To review the work of the committee and note the Minutes	Verbal /Minutes	Brian Crouch/ Graham Pollard Joint Committee Chairs	12.44 (4 mins)
2018/19/11	Governor Question Time	Opportunity for governors to ask any questions or make a comment	Verbal	ALL	12.48 (8 mins)
Items for Discussion and Approval					
2018/19/12	Central and East Cheshire Redesign	Up-date and progress report on the current public consultation	Written	Director of Operations	12.56 (20 mins)



Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
2018/19/13	Quality Accounts 2017/18 - Governor Locally Selected Indicator	To approve recommendation from the Scrutiny Sub-committee	Written		13.16 (5 mins)
2018/19/14	NHS Providers Governor Advisory Committee Elections	To inform Governors of nomination process and invite governors to vote by secret ballot	Written	Head of Corporate Affairs	13.21 (5 mins)
2018/19/15	Governor Elections – Summer 2018	To note for information	Written	Head of Corporate Affairs	13.26 (2 mins)
Closing Business					
2018/19/16	Business Cycle 2018/19	To receive the Council of Governors work plan for 2018/19 for information	Written	Chair	13.28 (2 mins)
2018/19/17	Any Other Business		Verbal	ALL	
2018/19/18	Date, time and place of next meeting: Date: Monday 23 July 2016 Time: 1.00pm Venue : East Cheshire (tbc)	To confirm arrangements for next meeting.	Verbal	Chair	
	CLOSE				13.30
1.30 pm: Lunch and Governors networking with Board members					



Meeting Attendees' Guidance, January 2016

Under the direction and guidance of the Chair, all members are responsible for ensuring that the meeting achieves its duties and runs effectively and smoothly.

Before the meeting

- Prepare for the meeting in good time by reviewing all reports (the amount of time allocated for each agenda item can be used to guide your preparation);
- Submit any reports scheduled for consideration at least 10 days before the meeting to the meeting administrator (using the standard report template);
- Ensure your apologies are sent if you are unable to attend and *arrange for a suitable deputy to attend in your absence.

*some members may send a nominated representative who is sufficiently senior and has the authority to make decisions. Refer to the terms of reference for the meeting to check whether or not this is allowable.

At the meeting

- Arrive on time;
- Switch off mobile phone / blackberry;
- Focus on the meeting at hand and not the next activity or on your emails;
- Actively and constructively participate in the discussions;
- Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary;
- Make sure your contributions are relevant and help move the meeting forward;
- Respect the contributions of other members of the group and do not speak across others;
- Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated;
- Do not use the meeting to highlight issues that are not on the agenda;
- Re-group promptly after any breaks;
- Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc).

Attendance

- Members are expected to attend all meetings and at least 50% of all meetings held each year.

After the meeting

- Follow up on actions;
- Inform colleagues appropriately of the issues discussed.

Standards

- All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting;
- Agenda and reports will be issued 7 days before the meeting;
- An action schedule will be prepared and circulated to all members 2 days after the meeting;
- The minutes will be available at the next meeting.

Also under the guidance of the Chair, members are also responsible for the meeting's compliance with relevant legislation and Trust policies, up-to-date versions of which are available on the Trust's website, via the governance team or the Company Secretary.



UNCONFIRMED Minutes of the Council of Governors Meeting

Held on Tuesday 18th January 2018

Florence Nightingale, Sycamore House, Cheshire Oaks Business Park, Lloyd Drive, Ellesmere Port, Cheshire, CH65 9HQ

Present	<p>Mike Maier, Chairman, (Chair) Brian Crouch, Service User and Carer Governor (Lead Governor) Arlo King, Service User and Carer Governor Deepak Agnihotri, Staff Governor – Therapies Fergie McQuarrie, Service User and Carer Governor Graham Pollard, Partnership Governor – Universities Ken Edwards, Staff Governor – Nursing Nigel Richardson, Public (out of area) Phil Gilchrist, Partnership Governor – Wirral Metropolitan Borough Council Richard Agar, Public Governor – Wirral Sean Boyle, Partnership Governor – Staff side Stanley Mayne, Public Governor – Wirral Charlotte Arrowsmith, Service User and Carer Governor Keith Millar, Service User and Carer Governor Phil Billington, Service User and Carer Governor</p>
In attendance	<p>Louise Brereton, Head of Corporate Affairs Julie Dawes, Head of Corporate Affairs (Interim) Suzanne Christopher, Corporate Affairs Manager Melysa Border, Corporate Governance Administrator (Minutes) Sheena Cumiskey, Chief Executive Dr Faouzi Alam, Medical Director; Effectiveness, Medical Education and Medical Workforce David Harris, Director of People and Organisational Development Dr James O'Connor, Non Executive Director / Deputy Chair Andrea Campbell, Non Executive Director Lucy Crumplin, Non Executive Director</p>
Apologies	<p>Gladys Archer, Service User and Carer Governor Philip Mook, Staff Governor – Non-Clinical Jill Doble, Staff Governor – Therapies Dr Anushta Sivananthan, Medical Director, Compliance, Quality and Assurance Liz Wardlaw, Partnership Governor – Cheshire East Council Group Iain Stewart, Partnership Governor – Wirral Clinical Commissioning Group Elizabeth Bott, Public Governor – Cheshire West & Chester Helen Nellist, Public Governor – Cheshire West & Chester David Bull, Service User and Carer Governor Gordon (Gus) Cairns, Service User and Carer Governor Janie Shaw, Staff Governor – Nursing Carol Gahan, Partnership Governor – Cheshire West and Chester Council Pam Smith, Partnership Governor – Western Cheshire Clinical Commissioning Michael Brassington, Service User and Carer Governor Robert Walker, Public Governor – Cheshire East / Deputy Lead Governor Tim Welch, Director of Finance / Deputy Chief Executive Edward Jenner, Non Executive Director Rebecca Burke-Sharples, Non Executive Director</p>

Item No	Title of item	Action by
2017/18/91	<p>Welcome, apologies for absence and quoracy</p> <p>The Chair offered a warm welcome to all in attendance and advised due to a number of apologies from Governors the meeting was not quorate.</p> <p>The Chair extended his welcome to Julie Dawes, Interim Head of Corporate Affairs covering maternity leave for Louise Brereton.</p> <p>Apologies were noted as above.</p>	
2017/18/92	<p>Meeting Guidelines</p> <p>The meeting guidelines were noted.</p>	
2017/18/93	<p>Declarations of interest</p> <p>No declarations were made.</p>	
2017/18/94	<p>Minutes of the previous Council of Governors Meeting held 19th December 2017</p> <p>Minor amendments were required to be made to the minutes:</p> <ul style="list-style-type: none"> • Addition of Nigel Richardson to be added to the present section • A question raised regarding Remuneration for Executive Directors under Any Other Business was missing from the minutes, this is to be added and re-circulated. <p>Following the above amendments the minutes of the meeting were agreed as an accurate record of the previous meeting.</p>	
2017/18/95	<p>Matters Arising and action points</p> <p>Action 2017/18/55 to remain open as a reminder for Governors for feedback.</p>	
2017/18/96	<p>Business Cycle 2017/18</p> <p>The business cycle was noted.</p>	
2017/18/97	<p>Chair's announcements</p> <p>The Chairman provided a number of up-dates to the Council in respect of the Starting Well Service launch; Step in to health celebration, CWP awards and care wash packs to help the homeless in Wirral.</p> <p>The Chairman advised he will give a further update on work he has been involved in at the next meeting as the last Council of Governors meeting was so recent.</p>	
2017/18/98	<p>Lead Governor's Up-Date</p> <p>Lead Governor Brian Crouch urged any governors who were interested in the role of Deputy Lead Governor to apply no later than Friday 19th January to the Corporate Affairs Team.</p> <p>ACTION – Governors interested in standing as a Deputy Lead Governor invited to contact the Corporate Affairs Team.</p> <p>Brian provided an update on the video conferencing system which he has found works well and will send the link to all Governors. Brian also provided the Council with an update on the meeting held with the NEDs earlier in the month.</p>	<p>ALL Governors</p>

Item No	Title of item	Action by																
	<p>Brian reminded Governors of the up-coming Locality Forums and provided the dates as follows:-</p> <table border="1" data-bbox="347 331 1279 779"> <tr> <td data-bbox="352 338 544 434">Locality Forum - East</td> <td data-bbox="549 338 754 434">25/01/2018</td> <td data-bbox="759 338 981 434">10:00 - 12:00</td> <td data-bbox="986 338 1279 434">Jocelyn Solly House</td> </tr> <tr> <td data-bbox="352 441 544 568">Locality Forum - East</td> <td data-bbox="549 441 754 568">22/03/2018</td> <td data-bbox="759 441 981 568">10:00 - 12:00</td> <td data-bbox="986 441 1279 568">Small Meeting Room, Beech House, Rosemount Site</td> </tr> <tr> <td data-bbox="352 575 544 672">Locality Forum - Wirral</td> <td data-bbox="549 575 754 672">11/04/2018</td> <td data-bbox="759 575 981 672">13:00 - 15:00</td> <td data-bbox="986 575 1279 672">Springview</td> </tr> <tr> <td data-bbox="352 678 544 775">Locality Forum - West</td> <td data-bbox="549 678 754 775">19/04/2018</td> <td data-bbox="759 678 981 775">15:00 - 17:00</td> <td data-bbox="986 678 1279 775">Meeting Room 7</td> </tr> </table> <p>Brian reminded the group of the Locality Forum dates. Some members fed back to the Council the benefits of attending the locality forums.</p>	Locality Forum - East	25/01/2018	10:00 - 12:00	Jocelyn Solly House	Locality Forum - East	22/03/2018	10:00 - 12:00	Small Meeting Room, Beech House, Rosemount Site	Locality Forum - Wirral	11/04/2018	13:00 - 15:00	Springview	Locality Forum - West	19/04/2018	15:00 - 17:00	Meeting Room 7	
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2017/18/99	<p>Chief Executive Announcements</p> <p>Sheena Cumiskey advised she had visited services in East Cheshire, spoken with staff and asked what support is needed. Staff felt they were feeling the pressure but were coping with the busy workloads day to day. Sheena praised staff for the continuing to deliver good care and being the best they can be in difficult times.</p> <p>Sheena provided assurance to the Council around Carillion not affecting CWP as the Trust has no Private Finance Initiative and does not 'out-source'. Sean Boyle enquired about the Trust's current auditors who had given Carillion a clean bill of health and asked if this was now a concern for the Trust. Sheena advised that this was a good challenge, but advised that the Trust did not have any concerns. The contract with our current auditors is due to expire in the next 12 months, and will be reviewed with Governor input.</p> <p>Sheena added that no Governor questions had been received prior to the meeting; however, the Chairman invited questions from the floor.</p>																	
2017/18/100	<p>Governor Question Time</p> <p>Phil Gilchrist asked about STP's and the desire to cluster groups of practices together and asked if this is happening in Western Cheshire? Sheena advised the plan for integration of teams will concentrate on the populations; however, this can be different for each GP as they may own their own business.</p>																	
2017/18/101	<p>CWP Forward view update</p> <p>Sheena updated a presentation to the Council on CWP's Forward View. The key message from the presentation was around how we can all work together to make the population better while working as one NHS.</p>																	

Item No	Title of item	Action by
	The presentation was noted and will be shared with Governors with the minutes.	
2017/18/102	<p>Constitution</p> <p>Louise Brereton, Head of Corporate Affairs advised the Council that Paragraph 15A within the constitution sets out the instructions for Governors wishing to refer a question to the independent NHS Improvement Panel in times of Trust failure. Notification was received from NHS Improvement in 2017 that in three years of the operation of the Independent Panel, no referrals or questions had been received by any Governors of any trusts. NHS Improvement subsequently has taken the decision to disband the panel.</p> <p>It was suggested that now this panel is no longer in operation, paragraph 15A be removed from the Trust Constitution. However, it was further proposed that a fuller review of the Constitution take place to consider the above along with any further amends necessary prior to the next Trust Annual Members Meeting.</p> <p>Governors were invited to volunteer to be part of a working group to undertake the suggested review. The Council agreed to the proposal of a Constitution review by a working group.</p> <p>ACTION – Governors interested in participating in a review of the Trust’s Constitution invited to contact the Corporate Affairs Team.</p>	ALL Governors
2017/18/103	<p>Up-Date from Non-Executive Director</p> <p>Lucy Crumplin gave the Council an overview of the work she is involved in day to day and throughout the year, which includes:</p> <ul style="list-style-type: none"> • Monitoring risk • Emergency planning • Business Continuity plans • Well led work with CQC • Attending Monthly board meetings / seminars • HR appeals • Numerous meetings such as, Charity Trustee meeting, Remuneration Committee, Scrutiny Committee • Deputy Chair – Quality Committee • Member of IT programme • Director of Villicare 	
2017/18/104	<p>Governor updates on recent events – Governors – open up to all Governors</p> <p>Since the last meeting no Governors have attended any training or conferences.</p>	

Item No	Title of item	Action by
2017/18/105	<p>Membership and Development Sub Committee</p> <p>Fergie McQuarrie provided an overview on the topics discussed at the last Membership and Development meeting held on 12th December 2017 and these included:</p> <ul style="list-style-type: none"> • New members joining to the Membership & Development Group. • A Review of the Chair and Deputy Positions. • Cathy Walsh (Associate Director of Patient and Carer Experience) regularly attends the meeting and provides valuable input. • Exploring new ways Governors can engage with members such as: <ul style="list-style-type: none"> ○ Using MES database better. ○ Regular features in the CWP Life magazine. ○ Governor blogs ○ Use of Twitter ○ Meet your Governor Sessions. <p>Fergie asked if any Governors have any further suggestions or are able to help facilitate some of the ideas mentioned, they make members of the Membership and Development Sub-Committee aware so the group can consider this as part of our work</p>	
2017/18/106	<p>Scrutiny Sub Committee</p> <p>Graham Pollard provided feedback on the discussions held at the last Scrutiny Sub-Committee meeting on 13th December 2017.</p> <p>The Sub-Committee felt they have a good relationship with the NEDs that attend and they show openness to the committee. Graham advised the Terms of Reference are to be reviewed at the next Scrutiny Sub Committee meeting which will be shared once finalised.</p>	
2017/18/107	<p>Motions or Agenda Items on Notice.</p> <p>AOB</p> <p>Louise Brereton advised the Council that Non-Executive Director Ann Pennell was appointed following agreement from the Council at the last meeting and started in her role on 1st January 2018.</p> <p>Future meeting dates appear to fall all on a Thursday. It was agreed that dates would be reviewed from July onwards to ensure a variety of days and times.</p> <p>ACTION: Corporate Affairs Team to issue new meeting dates for 2018/19</p>	<p>Corporate Affairs Team</p>
2017/18/108	<p>Review of risk impact of items discussed.</p> <p>No risks identified.</p>	
2017/18/109	<p>Feedback from meeting – review of effectiveness of the meeting</p> <p>Noted as effective.</p>	

Item No	Title of item	Action by	
2017/18/110	Date and time of meetings		
	Subject to change as noted above in Minute 107 above.		
	Council of Governors	18/01/2018	11:00 - 14:00
	Sycamore House		
	Council of Governors	12/04/2018	10:00 - 14:00
	Sycamore House		
Council of Governors	12/07/2018	11:00 - 15:00	
Sycamore House			
Council of Governors	20/09/2018	11:00 - 15:00	
Sycamore House			
Council of Governors	13/12/2018	11:00 - 15:00	
Sycamore House			

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Annex:

CWP FORWARD VIEW PRESENTATION SLIDES

Provided by the Chief Executive at the Council of Governors meeting on 18 January 2018

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Cheshire and Wirral Partnership
NHS Foundation Trust



CWP Forward View Update and next steps

**Council of Governors
18 January 2018**



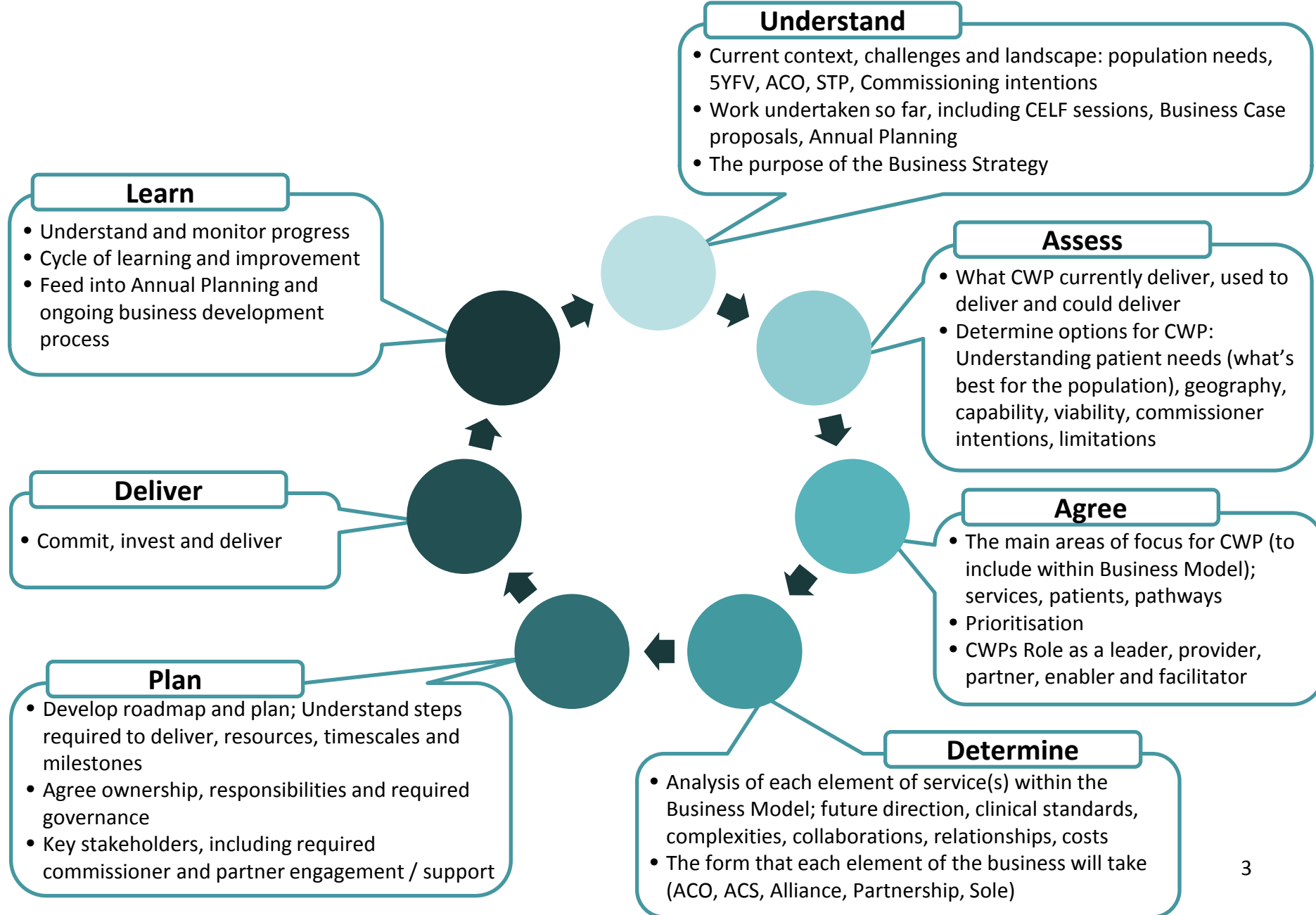
Cheshire and Wirral Partnership
NHS Foundation Trust



CWP Forward View

Clinically led, managerially enabled

The Overall Methodology



CWP Forward View and CoG

- Board to COG December 2017
- Council of Governors January and April 2017
- Governors planning seminar – September 2017

Key Focus Areas – (Four Care Groups)

- Neighbourhood-based Support: Primary and Community Care (MH & PH)
- Specialist Mental Health
- Transforming Care for People with LD & Neuro-developmental Disorders
- Children & Young People



Stronger Communities

Forward View: our plan for the future



Proposed key messages:

- The Trust is looking at how it can better meet the needs of people who use our services and this piece of work is called 'the CWP Forward View'. It will be the Trust's Strategy for the next three years and will help to set the foundation for the next 20 years, in terms of population need.
- The Forward View is being clinically led in partnership with people who access our services and communities, supported by service directors. It will help to get the Trust ready to deliver the aspirations set out in the national 'Five Year Forward View Next Steps' and other related policy documents.
- The proposed changes are at an early stage of development and include the idea of creating 'care groups' to enable clinicians to develop new models of care for larger populations and link more effectively with other local services and resources

Next Steps

- **Next Reporting Stages**
- 28 February 2018 Board of Directors: CWP FV Strategy Final Draft
- 5 March 2018 Governor seminar on CWP Forward View and 2018/19 Financial Plan
- 28 March 2018 Board of Directors CWP FV Final Strategy
- April 2018 Council of Governors - Board to Council of Governors meeting on the CWP Forward View.

Council of Governors Action Log

Meeting date	Minute Ref.	Action	By whom?	By when?	Progress Update/ Evidence/ Assurance	Status
18/01/2018	2017/18/107	Revised meeting dates for 2018/19 to be reissued	Corporate Governance Administrator	23/04/2018	Revised dates reissued to governors via email.	Closed
18/01/2018	2017/18/102	Governors interested in participating in a review of the Trust's Constitution invited to contact the Corporate Affairs Team.	Governors	23/04/2018	Nominations received from Ken Edwards and Richard Agar. The corporate affairs team are currently in the process of arranging dates for this small Constructional Review Group to meet with the Head of Corporate Affairs a view to providing an update on progress	Closed
18/01/2018	2017/18/98	Governors interested in standing as a Deputy Lead Governor invited to contact the Corporate Affairs Team.	Governors		Nominations have closed and Keith Millar was formally appointed as the Deputy Lead Governor	Closed
19/12/2017	2017/18/84	Governors to consider the results and consider how further improvements may be achieved. Governors to feedback to Lead Governor / Corporate Affairs Team.	Head of Corporate Affairs Lead Governor	23/07/2018	No feedback received from governors to date. This matter is however under review by the Head of Corporate Affairs as part of the wider governance review currently taking place. She will liaise with the Lead Governor with a view to presenting a proposal for consideration at the next CoG meeting.	Open



Minutes of the Membership & Development Sub-Committee
Wednesday 21st February 2018 14:00 – 15:10
Board Room, Trust Headquarters, Redesmere

Present	David Bull, Service User and Carer Governor (Chair) Elizabeth Bott, Public Governor Gordon Cairns, Service User and Carer Governor Jackie McGhee, Service User and Carer Governor (Vice Chair) Nigel Richardson, Out of Area Governor Philip Billington, Service User and Carer Governor
In attendance	Melysa Border, Corporate Governance Administrator (Minutes) Cathy Walsh, Associate Director of Patient & Carer Experience (interim)
Apologies	Ferguson McQuarrie, Service User & Carer Governor David Keight, Service User and Carer Governor Gladys Archer, Service User & Carer Governor Helen Nellist, Public Governor Philip Mook, Staff Governor (Non-Clinical)

Ref	Title of item	Action
17/18/66	<p>Welcome, apologies and quoracy</p> <p>Brought forward item 17/18/70 – Melysa Border, Corporate Governance Administrator formally announced David Bull would become the new Chair of the Sub Committee along with Jacqueline McGhee taking up the position of Co-Chair.</p> <p>David Bull agreed to chair today's meeting.</p> <p>The Chair welcomed all members to the meeting, all attendees introduced themselves, apologies were noted as above, and the meeting was quorate.</p>	
17/18/67	<p>Meeting guidelines</p> <p>The meeting guidelines were noted.</p>	
17/18/68	<p>Declarations of interest</p> <p>No declarations of interest were declared.</p>	
17/18/69	<p>Minutes of the last meeting & Action Points</p> <p>The minutes of the meeting held on 12th December 2017 were agreed as an accurate record of the meeting.</p>	
17/18/70	<p>Results of Chair / Co Chair votes</p> <p>As above</p>	
17/18/71	<p>Membership and Development Sub Committee Business Cycle 17/18</p> <p>The business cycle was noted.</p>	
17/18/72	<p>Membership Up-date</p> <p>Cathy Walsh, Associate Director of Patient & Carer Experience advised the Sub Committee that there is an event taking place in Tatton Park in East Cheshire, a team of 8 is required to undertake an assault course. Cathy asked for the support of the Membership and Development Sub Committee to drive this forward with the aim of putting together a CWP team with the intention of raising the profile of the Trust. The Sub Committee agreed to support Cathy.</p>	

17/18/75	<p>Items to refer to the Council of Governors Meeting</p> <p>The Sub Committee would like to request a progress report on the Membership Strategy to be sent to the Council of Governors.</p> <p>Action: Cathy Walsh to provide a report on the Membership Strategy.</p>	Cathy Walsh
17/18/76	<p>Review of risk impact of items discussed</p> <p>None</p>	
17/18/77	<p>Any other business</p> <p>Gus Cairns, Service User / Carer gave an overview on Autism and advised the Sub Committee about a group called Alpine which takes place in Chester.</p> <p>Action: Gus to send information about Alpine to Cathy Walsh, who will add this to the next CWP essential.</p>	Gus Cairns
17/18/76	<p>Review of effectiveness of meeting</p> <p>Effective meeting.</p>	
17/18/79	<p>Date, time and place of the next meeting:</p> <ul style="list-style-type: none"> • 17th April 2018 • 7th June 2018 • 13th September 2018 • 16th October 2018 • 11th December 2018 • 19th February 2019 <p>All meetings will be 2pm to 4pm and will be held in the Board Room, Redesmere.</p>	

Version No	1	Date issued	
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Minutes of Scrutiny Sub Committee
Wednesday 14th February 2018, 10:30 – 13:15
Boardroom, Redesmere,
Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

Present	Brian Crouch, Service User & Carer Governor - Chair Deepak Agnihotri, Staff Governor Therapies Graham Pollard, Universities - Partnership Governor Keith Millar, Service User & Carer Governor Ken Edwards, Staff Governor Michael Brassington, Service User & Carer Governor
In attendance	Melysa Border, Corporate Governance Administrator (Minutes) Audrey Jones, Head of Clinical Governance David Pearson, Senior Facilities Manager David Wood, Associate Director of Safe Services Edward Jenner, Non-Executive Director James O'Connor, Non-Executive Director Julie Dawes, Head of Corporate Affairs (Interim) Sue Suchoparek, KPMG Auditors Tim Welch, Director of Finance
Apologies	Arlo King, Service User & Carer Governor Elizabeth Bott, Public Governor West Jill Doble, Staff Governor Therapies Rebecca Burke-Sharples, Non-Executive Director Richard Agar, Public Governor Wirral Robert Walker, Public Governor East Cheshire Stanley Mayne, Public Governor Wirral

Ref.	Programme	Action by
17/18/65	Welcome, Introductions, Apologies and Quoracy The Chair welcomed all members to the meeting, introductions and apologies were noted as above and the meeting was confirmed as quorate.	
17/18/66	Meeting Guidelines / Business cycle The meeting guidelines and business cycle were noted.	
17/18/67	Declarations of Interest There were no declarations of interest declared.	
17/18/68	Minutes of the last meeting – 13 December 2017 and Matters Arising / Action Points The minutes were approved as an accurate record.	
17/18/69	Review and Scrutiny of Performance and Planning Andy Styring and Tim Welch Joined the meeting Temporary Closure of Thorn Heys Care Home Andy Styring, Director of Operations provided an update the group around the closure of Thorn Heys Care Home. Andy explained that in January 2018 a report was presented to the Board of Directors which led to an assessment based on the number of vacancies, absence and unfilled shifts within Thorn Hey Care Home. The outcome of the assessment was the service was unable to deliver a safe staffing roster	

	<p>beyond 11th February 2018, therefore as recommended; a decision was made to suspend the service from 12th February 2018.</p> <p>Thorn Heys supports 22 families in total, some of which have requested to 'roll-over' their booking entitlement and take up their breaks when the service re-opens. CWP are in working with Wirral Council and Wirral CCG to look at alternatives within existing commissioned provision such as Sanctuary and other providers offering respite. Services outside of Wirral are also being looked in too such as Mersey Care NHS Trust and Vivo Care Choices (respite provision in Chester). The Trust is also exploring alternative ways to provide a short break service such as provision of nursing input on an in-reach and on-call basis. This is a temporary measure as an emergency response to the staffing difficulties, as soon as unfilled nursing shifts can be filled to return to a consistently safe level, the service will re-open.</p> <p>Andy gave assurance to the Sub Committee, that the current staff have been re-deployed within CWP specifically within the Learning Disabilities Team and the wards in Spring View.</p> <p>Deepak Agnihotri expressed concerns around staff moral and reduced staff retention not just within Thorn Heys but throughout CWP. Tim Welch, Director of Finance advised that with any service change it is always difficult to retain staff, however, CWP are doing its best to help support staff and the Trust is doing well with overall retention compared to other Trusts.</p> <p>Action: Corporate Affairs Team to invite David Harris to attend the next meeting and present figures around staff retention</p> <p>The report was noted and Andy Styring left the meeting.</p>	<p>Corporate Affairs Team</p>
	<p>Annual Planning Guidance</p> <p>Tim Welch, Director of Finance advised a paper around the Annual Planning Guidance has been created and will be presented at the next Board of Directors meeting. Once it has been discussed at the Board meeting the paper will be circulated to the Sub Committee Members.</p> <p>Tim advised year 1 (2017-18) was a 2 year plan, with a fixed resource this gives the Trust a degree of stability as the contract is for the same time period. Whilst there are no additional winter monies available, better planning will take place for next year. There is no explicit agreement around the pay cap which is planned to be 1%. If it increased to more than 1% extra funding will be made available.</p> <p>Tim advised the Physical Health Community Services are stretched further than Mental Health and Acute Care, CWP have revisited the control total to ensure all services get a fair share.</p> <p>Tim gave assurance CWP do not have to do anything extra, no additional CIP is expected the Trust simply have to agree the control totals.</p>	
	<p>Operation Plan Dashboard – November 2017</p>	

	<p>Tim presented the Operational Dashboard to the Sub Committee. It was highlighted that four new KPIs associated with one strategic objective area relating to mortality data reported by and to the Trust have been included within the dashboard. The data includes all deaths within CWP including deaths of people known to CWP at any time within their patient journey.</p> <p>Keith Millar, Service User Carer Governor, informed the group he had recently accessed a webinar session with West Cheshire CCG board and 2 concerns have been raised. One in particular was around Regulation 28 reports which CWP has received in relation to a preventing future deaths notice by the coroner. Dr James O'Connor, Non-Executive Director, advised he was aware of this and it will be reported to Quality committee.</p> <p>The dashboard was noted and Tim Welch left the meeting.</p>	
17/18/70	<p>Review and Scrutiny of Quality Matters</p> <p>Quality Committee Chairs Report of January 2018</p> <p>Dr James O'Conner gave an overview of the Quality Committee Chairs report and advised the Quality Committee discussed the current status of the risk register.</p> <p>Dr O'Connor advised the Sub Committee that at the last Quality Committee it was reported the completion of the following two risks, with residual matters associated with these being addressed via the Trust's quality improvement framework</p> <ul style="list-style-type: none"> • risk of harm due to deficits in familiarity with and staff confidence in applying safety critical policies to ensure CWP maintains safe environments for patients and staff • risk of harm to patients due to ligature points and environmental risks within the inpatient setting. <p>Learning from Experience Report T2</p> <p>Dr O'Connor asked the Sub Committee to note the LFE report, and advised the format has changed slightly.</p> <p>A member of the Sub Committee raised a query around the Performance Indicators within the LFE report, particularly NHS protect – Staff Assaults as they have increased over the last year. Dr O'Connor advised they will keep an eye on this and if it is to increase in trimester 3 they will look in to this further. It was noted by the Sub Committee that the number of complaints has reduced and the number of compliments have increased.</p> <p>Lead Governor, Brian Crouch advised he would attend the next Quality Committee on 7th March.</p> <p>The Scrutiny Sub Committee noted the above reports, and Dr James O'Connor left the meeting.</p>	
17/18/71	<p>Review and Scrutiny of Audit Matters</p>	

	<p>Audit Committee Chairs Report of January 2018</p> <p>Edward Jenner gave an overview of the Audit Committee Chairs report, Edwards advised four recently completed audits were reviewed by the Audit Committee. These were:</p> <ul style="list-style-type: none"> • Core IT infrastructure review • East locality on Patient Cash & Valuables Review • Locality Governance review • Contract Management review <p>The Audit Committee noted that the findings of the IT review were of major concern but the situation was well known by management and the Board.</p> <p>The Audit Committee reviewed the changes to the risk register and assurance framework. Four new emerging risks in-scope were noted.</p> <p>Governor, Michael Brassington advised he would attend the next Audit Committee on 6th March 2018.</p> <p>The Scrutiny Sub Committee noted the above reports, and Edward Jenner left the meeting.</p>	
17/18/72	<p>PLACE results 2017</p> <p>David Pearson, Senior Facilities Manager joined the meeting to present the Patient-Led Assessment of the Care Environment (PLACE)</p> <p>Summary of Report to Board – January 2018</p> <p>David Pearson updated the Sub Committee on PLACE visits explaining the aim of a PLACE assessment is to provide a snapshot of how the Trust is performing against a range of non-clinical activities which impact on the patient experience of care.</p> <p>David advised that in 2017, CWP participated in the PLACE inspections lead by the Facilities Management team; all assessments were concluded by the end of May 2017. A wide variety of patient assessors were used to perform the inspections these included, registered PPI representatives, volunteers, past and current Service users, trust governors and representatives from Health watch in each locality. Overall the 2017 PLACE inspection programme has been very successful, the assessments completed help to provide assurance to Cheshire & Wirral Partnership Board of Directors, Commissioners and general public that the standards of the environment and Facilities Services provided are meeting the needs of service users.</p> <p>David Pearson advised the Sub Committee PLACE training will be taking place soon if Governors would like to attend. The Corporate Affairs Team will notify the Governors when the training date has been agreed.</p> <p>ACTION: Corporate Affairs Team to circulate the PLACE training date to all Governors.</p> <p>The report was noted, and David Pearson left the meeting.</p>	Corporate Affairs Team

<p>17/18/73</p>	<p>External Audit: Governor Locally Selected Indicator</p> <p>Sue Suchoparek, Auditor from KPMG joined the meeting.</p> <p>Sue advised the Quality Accounts are annual reports to the public, from providers of NHS services, about the quality of services they provide. The role of the Council of Governors is to receive the independent auditor's report on the annual Quality Report.</p> <p>It has been agreed in previous years that Governor involvement at an early stage is beneficial to enable the Governors to make an informed decision when selecting an indicator for audit, ensuring the audit adds value. Part of this process involves an independent audit, being undertaken to provide external assurance review of a range of indicators. There are three possible mandated indicators, two of which will be audited. KPMG ask that one of these be selected by the Governors.</p> <p>Governors were given a list of indicators.</p> <p>After some discussion it was agreed the indicator selected by the Sub Committee will be</p> <ul style="list-style-type: none"> • Data completeness: Outcomes. <p>Sue made a note of the selected indicator and will add this to the others that have been selected.</p>	
<p>17/18/74</p>	<p>Proposed Quality Priorities foe 2018/19</p> <p>Associate Director of Safe Services, David Wood and Head of Clinical Governance, Audrey Jones joined the meeting to present the proposed quality priorities for 2018/19.</p> <p>David advised the Sub Committee the quality priorities identified for achievement in 2018/19 will be set out in the Trust's forward plans, including how they link to the Trust's corporate and locality strategic objectives and associated risks to delivery. For the next three years, the focus is 'continuously improving outcomes for the population we serve' to ensure alignment with phase one of our Quality Improvement strategy.</p> <p>David Wood advised in November 2017 the Board of Directors agreed the Quality Improvement Strategy and the priorities through to 2021. These are:</p> <ul style="list-style-type: none"> • Patient safety – Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks. • Clinical effectiveness – Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs. • Patient experience – Delivering care, which takes into account the preferences and aspirations of people, that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs. <p>The proposed quality improvement priorities will be formally set once all consultative and communication exercises have been complete, this will</p>	

	<p>include a discussion at the Council of Governors meeting alongside the other content within the Quality Account.</p> <p>Staff Governor, Deepak Agnihotri suggested the Clinical Effectiveness indicator should be extended to include Psychological Therapies. In addition, he commented that the quality improvement priorities should be more focused on inpatients and mental health and strongly recommended that going forward the our quality improvement priorities should include other services provided by CWP, such as learning disabilities, physical health and community services.</p> <p>David Wood thanked the Governors for their invaluable contribution and agreed to carefully consider their respective views which had been expressed so well by the Sub-committee, prior to presenting the finalised quality priorities to the Trust's Quality Committee for further consideration.</p> <p>The report was noted; David Wood and Audrey Jones left the meeting.</p>																									
17/18/75	Governor / Sub-Committee Matters None																									
17/18/76	Review Terms of Reference The Sub Committee discussed the Terms of Reference and it was agreed section 2e. would be removed due to unannounced visits no longer taking place.																									
17/18/77	Any Other Business Keith Millar attended the West Clinical Commissioning Group, Governing body meeting on 18 th January 2018. Keith wanted to share a section within the meeting that he thought would be helpful to the Sub Committee, and would like assurance regarding Safeguarding. (the section Keith referred to will be shared with the minutes).																									
17/18/78	Review risk of impact on items discussed None																									
17/18/79	<p>Date, time and place of the next meeting:</p> <table border="1"> <tr> <td>Scrutiny Sub Committee</td> <td>18/04/2018</td> <td>10:30 - 13:00</td> <td>Board Room, Redesmere</td> </tr> <tr> <td>Scrutiny Sub Committee</td> <td>14/06/2018</td> <td>10:30 - 13:00</td> <td>Board Room, Redesmere</td> </tr> <tr> <td>Scrutiny Sub Committee</td> <td>12/09/2018</td> <td>10:30 - 13:00</td> <td>Board Room, Redesmere</td> </tr> <tr> <td>Scrutiny Sub Committee</td> <td>11/10/2018</td> <td>10:30 - 13:00</td> <td>Board Room, Redesmere</td> </tr> <tr> <td>Scrutiny Sub Committee</td> <td>12/12/2018</td> <td>10:30 - 13:00</td> <td>Board Room, Redesmere</td> </tr> <tr> <td>Scrutiny Sub Committee</td> <td>13/02/2019</td> <td>10:30 - 13:00</td> <td>Board Room, Redesmere</td> </tr> </table>	Scrutiny Sub Committee	18/04/2018	10:30 - 13:00	Board Room, Redesmere	Scrutiny Sub Committee	14/06/2018	10:30 - 13:00	Board Room, Redesmere	Scrutiny Sub Committee	12/09/2018	10:30 - 13:00	Board Room, Redesmere	Scrutiny Sub Committee	11/10/2018	10:30 - 13:00	Board Room, Redesmere	Scrutiny Sub Committee	12/12/2018	10:30 - 13:00	Board Room, Redesmere	Scrutiny Sub Committee	13/02/2019	10:30 - 13:00	Board Room, Redesmere	
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Scrutiny Sub Committee	13/02/2019	10:30 - 13:00	Board Room, Redesmere																							

Version No	1	Date issued	07.03.2018
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STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Adult & Older People's Specialist Mental Health Redesign: East/South Cheshire/ValeRoyal	
Agenda ref. no:	18.19.12 here to enter text.	
Report to (meeting):	Council of Governors	
Action required:	For noting	
Date of meeting:	23 rd April 2018	
Presented by:	Director of Operations	
Which strategic objectives this report provides information about:		
Deliver high quality, integrated and innovative services that improve outcomes		Yes
Ensure meaningful involvement of service users, carers, staff and the wider community		Yes
Be a model employer and have a caring, competent and motivated workforce		Yes
Maintain and develop robust partnerships with existing and potential new stakeholders		Yes
Improve quality of information to improve service delivery, evaluation and planning		Yes
Sustain financial viability and deliver value for money		Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership		Yes
Which CQC quality of service domains this report reflects:		
Safe services		Yes
Effective services		Yes
Caring services		Yes
Well-led services		Yes
Services that are responsive to people's needs		Yes
Which Monitor quality governance framework/ well-led domains this report reflects:		
Strategy		Yes
Capability and culture		Yes
Process and structures		Yes
Measurement		Yes
Does this report provide any information to update any current strategic risks? If so, which?		
<i>See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings</i>		Choose an item.
Click here to enter text.		
Does this report indicate any new strategic risks? If so, describe and indicate risk score:		
<i>See current integrated governance strategy: CWP policies – policy code FR1</i>		Choose an item.
Click here to enter text.		

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report updates the Council of Governors on the public consultation which is currently taking place on the proposed redesign of adult and older people's mental health services in South and East Cheshire, and Vale Royal.
Background – contextual and background information pertinent to the situation/ purpose of the report
The Five Year Forward View for Mental Health is a national framework for improvement. It recognises the need to address capacity in the community and reduce the over reliance on hospital services. Locally in Eastern Cheshire, South Cheshire and Vale Royal there is rising demand for care and support. Since 2010 there has been an increase in activity across the three CCGs of 35% in functional services and 60% in dementia services. CWP supports circa 7,000 people in the community for secondary mental health needs across this geography. Lack of capacity in the home treatment teams (who offer step up care) and community mental health teams (who offer ongoing support for stable patients) leads to an over-reliance on inpatient services of up to 16%, which equates to approximately 10 beds. Inpatient services are currently provided at a number of sites across Cheshire and Wirral including Millbrook in Macclesfield. The facilities at Millbrook are in need of significant refurbishment to comply with CQC standards and, due to the layout of the unit, require a disproportionately higher staffing model to maintain clinical safety. The local health and social care system is showing a deteriorating financial position. The cost of the current adult and older people's mental health service model exceeds the funding available and change is required for the local NHS to operate within mandated financial controls.

Assessment – analysis and considerations of options and risks

The public consultation commenced on Tuesday 6th March and will run through to 29th May 2018. Governors have received a copy of the consultation document, which is also available on the Trust website. This details the case for change, the proposed new model of care, the options appraisal process and the options for consultation.

The launch of the consultation was covered on local radio, with positive coverage of the case for change and the proposed new model of care. NHS official channels (websites, twitter, facebook) called for local people to #JoinTheConversation and featured videos of clinical leaders from clinical commissioning groups and CWP, as well as a host of information including the online consultation document, questionnaire, details of the six public meetings, frequently asked questions and other supporting documents. A Freephone helpline is being operated by CCG and CWP staff providing additional support. All service users on the 7000 caseload have received a copy of the consultation document, which has also been extensively shared with our key partners and local groups. The detailed communications and engagement strategy is published online.

Three public meetings have now taken place. Discussions are table-based, with facilitators supporting each discussion and recording people’s views. A question and answer session also takes place at the end of each event, with a panel of clinical and operational leads from the partner organisations. Lay members have attended to provide independent evaluation of each event; considering in particular accessibility and overall effectiveness.

Following the first event in Macclesfield we took the opportunity for reflection and learning on the ideal format and as a consequence made the introduction session shorter and allowed more time for both group discussion and question and answer at the end of each event. This format worked well at the events in Hartford and Congleton. More PALS and CALS support has also been provided at the second two meetings, for people who would prefer a one-to-one chat. Further, we are scheduling a series of more informal opportunities to discuss the consultation at CWP inpatient and outpatient centres during the coming weeks. We have also added an additional public meeting on 3rd May in Macclesfield. The four remaining public meetings take place on 26th April (Crewe); 3 May (Macclesfield); 4th May (Middlewich) and 23rd May (Macclesfield). We are also holding further staff workshops w/c 23rd April.

In addition, we continue to meet with key local community groups including Healthwatch and the three mental health forums in East Cheshire, South Cheshire and West Cheshire (for Vale Royal).

The results of the consultation will be independently analysed and reported back to governance bodies and scrutiny committees at the end of the consultation period, before any decisions are made.

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Council of Governors is asked to note the update on the public consultation.

Who/ which group has approved this report for receipt at the above meeting?		
Contributing authors:		Katherine Wright
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Andy Styring	17.04.18
2	Suzanne Edwards	17.04.18
Appendices provided for reference and to give supporting/ contextual information: <i>Provide only necessary detail, do not embed appendices, provide as separate reports</i>		
Appendix no.	Appendix title	



STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Quality Account 2017/18 - Governor Locally Selected Indicator
Agenda ref. no:	17.18.13
Report to (meeting):	Council of Governors
Action required:	Discussion and Approval
Date of meeting:	23/04/2018
Presented by:	Brian Crouch/ Graham Pollard, Joint Chair Scrutiny Sub-committee

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
Click here to enter text.	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
Click here to enter text.	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
The purpose of this report is to provide make a recommendation to the Council of Governors for their required selection of a local indicator for review for testing by KPMG, the Trust's external auditors.
This recommendation has been previously discussed in detail by the Scrutiny Sub- committee at their meeting on 14 th February 2018.

Background – contextual and background information pertinent to the situation/ purpose of the report

As Governors are aware, Quality Account are annual reports to the public, from providers of NHS services, about the quality of services they provide. The role of the Council of Governors is to receive the independent auditor's report on the annual Quality Report.

As in previous years and in accordance with best corporate governance practice, it was agreed that Governor involvement at an early stage is beneficial to enable the Governors to make an informed decision when selecting an indicator for audit, thus ensuring the audit adds value. As such, the Scrutiny Sub-committee in conjunction with KPMG, the Trust external auditor and the Trust's respective leads for quality governance and operational performance undertook a detailed discussion on possible indicators for audit at their meeting on 14 February 2018.

Assessment – analysis and considerations of options and risks

The potential indicators are based on those applicable to CWP from the 2017/18 Single Oversight Framework and NHS Improvement Quality Reporting guidelines.

Part of this process involves an independent audit, being undertaken to provide external assurance review of a range of indicators. There are three possible mandated indicators, two of which will be audited. There is a requirement under the guidelines that one of these be selected by the Governors.

The Council of Governors is required to select one indicator for review by the independent auditor. This can be from the Single Oversight Framework or any other indicator that the Council of Governors chooses and is independently auditable and subject to the following tests:

1. **Accuracy** Is data recorded correctly and is it in line with the methodology for calculation?
2. **Validity** Has the data been produced in compliance with relevant requirements?
3. **Reliability** Has data been collected using a stable process in a consistent manner over a period of time?
4. **Timeliness** Is data captured as close to the associated event as possible and available for use within a reasonable time period?
5. **Relevance** Does all data used to generate the indicator meet eligibility requirements as defined by guidance?
6. **Completeness** Is all relevant information, as specified in the methodology, included in the calculation

Following discussions, the Scrutiny sub-committee agreed to recommend to the Council of Governors that 'Data completeness – outcomes' should be selected as the governor selected indicator for 2017/18.

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Council of Governors are invited to **approve** the Scrutiny Sub-committee recommendation to select the 'Data completeness – outcomes' indicator for audit as part of the Trust's Quality Account 2017/18.

Who/ which group has approved this report for receipt at the above meeting?	Council of Governors	
Contributing authors:	Head of Corporate Affairs	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date previously considered
1	Scrutiny Sub-Committee	14.02.2017

Appendices provided for reference and to give supporting/ contextual information:

Provide only necessary detail, do not embed appendices, provide as separate reports

Appendix no.	Appendix title
1	List of Indicators- Single Oversight Framework



STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	NHS Providers Governor Advisory Committee Elections	
Agenda ref. no:	18.19.14	
Report to (meeting):	Council of Governors	
Action required:	For discussion and agreement	
Date of meeting:	23rd April 2018	
Presented by:	Head of Corporate Affairs	
Which strategic objectives this report provides information about:		
Deliver high quality, integrated and innovative services that improve outcomes		Yes
Ensure meaningful involvement of service users, carers, staff and the wider community		Yes
Be a model employer and have a caring, competent and motivated workforce		Yes
Maintain and develop robust partnerships with existing and potential new stakeholders		Yes
Improve quality of information to improve service delivery, evaluation and planning		Yes
Sustain financial viability and deliver value for money		Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership		Yes
Which CQC quality of service domains this report reflects:		
Safe services		Yes
Effective services		Yes
Caring services		Yes
Well-led services		Yes
Services that are responsive to people's needs		Yes
Which Monitor quality governance framework/ well-led domains this report reflects:		
Strategy		Yes
Capability and culture		Yes
Process and structures		Yes
Measurement		Yes
Does this report provide any information to update any current strategic risks? If so, which?		
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings		Choose an item.
Click here to enter text.		
See current integrated governance strategy: CWP policies – policy code FR1		
Click here to enter text.		Choose an item.

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report is intended to inform the Council of Governors about the forthcoming NHS Providers Governor Advisory Committee Election.
Background – contextual and background information pertinent to the situation/ purpose of the report
As an NHS Providers member trust, our Council of Governors is entitled to vote in the forthcoming election of eight governors of the Governor Advisory Committee (GAC).
At the end of December 2017, NHS Providers contacted its foundation trust members inviting their respective council of governors' to nominate candidates to stand for election onto the GAC. We now understand that owing to an administrative error, NHS Providers inadvertently omitted to inform at least 15 trusts about the nominations process. Clearly we are extremely disappointed by not being given the opportunity to provide nominations from our Council of Governors and have rigorously challenged the integrity of the election process with NHS Providers.
Whilst NHS Providers were not prepared to invite those 15 trusts who had been excluded from the nomination process to make late submissions, nor to write to all its member trusts to inform them of the problem they had experienced with the nomination process, they did however agree to provide our governors with a written apology, a copy of which is included as Appendix 1. The voting period was also extended by one month.

Assessment – analysis and considerations of options and risks

The role of the GAC is to provide guidance and advice to NHS Providers in support of councils of governors. Over the past three years, GAC members have identified areas of positive working or concerns that subsequently facilitated debate and action e.g. articles for the NHS Providers’ governor e-newsletter, presentations at regional workshops/conferences, participation in campaigns e.g. Volunteers Week as well as commenting on national governor satisfaction and survey results. The terms of reference for the GAC are included for your information as Appendix 2.

Should the Council of Governors wish to participate in the forthcoming election, full details of the 59 governors representing foundation trusts across the country and in all sectors, including mental health are included in Appendix 3.

Governors will be invited to vote by secret ballot at the end of the Council of Governors meeting on Monday 23rd April, using a simple ballot paper which will be provided at the meeting. The Head of Corporate Affairs will then submit the collective vote for the Trust, and the top 3 candidates will be voted for in order of preference.

The closing date for the submission of votes is **12 noon on Monday 30th April 2018.**

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Council of Governors is invited:

1. To **note** the position concerning the forthcoming NHS Providers Governor Advisory Committee Election and decide whether it wishes to participate in the proposed voting arrangements to select a preferred candidate on behalf of the Trust; and
2. To **note** that subject to the outcome of (1) above, the Head of Corporate Affairs will cast a vote on the Council of Governors behalf in order to meet the voting deadline on 12 noon on Monday 30th April 2018.

Who/ which group has approved this report for receipt at the above meeting?		
Contributing authors:		
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
Appendices provided for reference and to give supporting/ contextual information: <i>Provide only necessary detail, do not embed appendices, provide as separate reports</i>		
Appendix no.	Appendix title	
1	NHS Providers apology letter to CWP’s Council of Governors	
2	Terms of reference of the NHS Providers Governor Advisory Committee	
3	Statements from the nominated governor candidates	

Appendix 1

NHS Providers Apology Letter to CWP Council of Governors



06 April 2018

Dear Lead Governor and Governors,

Following a conversation this week with Julie Dawes, your Head of Corporate Affairs, I agreed to write to you to explain the recent issue with the elections to our Governor Advisory Committee (GAC).

I appreciate that one of your concerns is that the Trust had no opportunity to make a nomination from your Council to the GAC. Although your trust was one of a handful that did not receive a letter from us via ERS, our election provider, there were many other routes used to communicate the opportunity to nominate. This included our Governor newsletter in October 2017 and again in December 2017, our Provider Focus electronic bulletin sent to all members, presentation at the Company Secretary network in October 2017 and links on our website. Indeed one of those trusts that did not receive the direct letter did nominate one of their governors by using the link on our website.

In early March we requested an update from ERS on the number of votes cast and the number of trusts yet to cast their vote. This highlighted a discrepancy in the total number of trusts which we investigated and discovered that the list provided by us to ERS did not include every one of our member trusts which were eligible to vote. This emanated from gaps in our database at a point in time in late 2017 when the list was provided to ERS.

Following advice from ERS we agreed to extend the voting period by one month from 30th March to 30th April and this was communicated to all trusts on 20th March.

I would like to reassure you that trusts that did not receive the original letters were from all service sectors, not just mental health, and that there are many nominations received from mental health trusts which, subject to the voting, should ensure a strong mental health voice will be maintained on the GAC.

I would also like to reassure you that NHS Providers does now have updated contact details for your Trust and is also installing a new database later this year which will have greater resilience and functionality to minimise the potential for a recurrence of this problem.

In addition to the explanation provided above, I would also like to apologise on behalf of NHS Providers that your Trust was affected by this issue and hope that you are able to use the time remaining to cast a vote in the elections ahead of 30th April.

Yours faithfully

Mark Price
Programme Manager
Governor Support

cc Mike Maier , Chair
Julie Dawes, Head of Corporate Affairs

NHS Providers

One Birdcage Walk, London SW1H 9JJ
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@NHSProviders

Registered charity 1140900. Registered in England & Wales as company 7525114.
Registered office: One Birdcage Walk, London SW1H 9JJ

Appendix 2

Governor Advisory Committee Terms of Reference



Governor Advisory Committee (GAC)

Terms of reference

Role

The GAC is part of the NHS Providers organisation and works in accordance with NHS Providers' values, mission and overall objectives. The NHS Providers' strategy addresses our work for councils of governors. The role of the GAC is to provide guidance and advice to NHS Providers in support of councils of governors.

Accountability

The GAC will at least report annually to the NHS Providers board through the Director lead, but more frequently as necessary at the discretion of the board. GAC members are led by the chair of the GAC.

Membership

The GAC consists of eight foundation trust governors. To be eligible for election a governor must be a serving governor, nominated by their own FT's council of governors. An FT's council of governors may not nominate more than one candidate. Where there are more than eight nominations an election will be held by ballot of the NHS Providers membership to be held in accordance with agreed election rules.

Subject to the election process the membership of the GAC will reflect the different foundation trust sectors (acute, mental health, ambulance, community) with each sector having at least one member. A vacancy for one or more sectors will not affect the quorum of the GAC.

The GAC will also consist of two foundation trust chairs nominated by the NHS Providers board. It will also consist of the NHS Providers director with responsibility for governor support who shall be non-voting.

The GAC has the power to co-opt serving governors as member.

Elections

Elections will be conducted in accordance with the NHS Providers' election rules.

Chair

Governor members will choose one of their number to be Chair and one to be Deputy Chair.

Terms of office

The term of office for governor members and chair members will be a maximum of three years. Governor members will be eligible for re-nomination for election at the end of their first term. Governor and chair members will not serve more than three consecutive terms or part thereof. Where a member ceases to be a governor/chair, they must stand down from the GAC. Governor

vacancies will not be filled if they occur within 6 months of the end of term. Otherwise vacancies between elections will be filled by the nominee with the next highest number of votes at the previous election.

Meetings

The GAC will meet four times each financial year, but may meet more or less frequently as necessary. The need for additional meetings or to cancel meetings will be decided by the Chair of the GPB in liaison with the responsible director or her/his nominee.

Quorum

The quorum for the meeting will be three governor members and one chair(s). Where neither chair can attend NHS Providers may nominate another director to act as a substitute for that meeting. In some circumstances members may join the meeting via a conference call facility by pre-arrangement.

Business

The Chair will consider a draft agenda for each meeting in consultation with the governor support team. GAC members may propose items for discussion which will be included on the agenda at the discretion of the Chair if received before the distribution of the agenda, or as an item of AOB by a majority vote at a meeting.

Voting

A simple majority will be required to pass any resolution within the GAC's remit.

Communication

The NHS Providers' communications function is carried out by employees. The GAC may wish commission communication with NHS Providers' members from time to time. The GAC will also be invited to contribute to broader communication where that would be helpful in achieving strategic objectives. It is acknowledged that, where the views of councils of governors have been canvassed, the GAC may wish to promote these views even where they do not accord with the broader policy position of the NHS Providers. In such circumstances NHS Providers staff will ensure that communications achieve the required balance. For clarity, members of the GAC may not comment publicly on behalf of NHS Providers, nor may they provide off the record or individual or personal comment on NHS Provider's business unless invited to do so by a member of staff from the NHS Providers' communications directorate.

Conduct

Members of the GAC are expected to comply with the Standards of Public Life (Nolan Principles) and NHS Providers' values.

Register of interests

Members of the GAC must register their business and other relevant interests in accordance with NHS Providers policy. Those GAC members who already register their interests due to their role at the NHS Providers need not do so again.

Conflicts of interest

Where a member of the GAC becomes aware of a matter under discussion which affects their personal interests or those of a friend or family member (whether registered or not), they must inform the chair immediately. Where the Chair, or in the event of disagreement, the GAC meeting so decides, the member must withdraw from the meeting while the relevant item is being discussed.

Review

The operation of these terms of reference will be reviewed periodically as necessary NHS Providers.

March 2017

Appendix 3

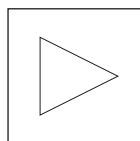
Candidate Election Statements

CANDIDATES' ELECTION STATEMENTS

NHS Providers

Election of Governor Advisory Committee

Please read carefully before casting your vote.



INFORMATION

Neither ERS nor NHS Providers has corrected or edited the candidates' statements in any way. The views expressed on the following pages are those of the candidates only, and similarly the statements of fact and assertions expressed are made solely by the candidates and have not been validated by NHS Providers.

If you require these election statements in large print or in other languages, please contact Ciara Norris at ERS on 020 8365 8909, or via email at ciara.norris@electoralreform.co.uk

Peter Abell

Trust name: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

A retired senior College Manager, I became a Bassetlaw Public Governor of Doncaster and Bassetlaw Teaching Hospitals in June 2017 and have not stopped learning since.

My initial view of the role was to put pressure on Non-Executive Directors to maintain service at the local Bassetlaw Hospital. I quickly learnt that Hospitals have to specialise and co-operate to deliver modern medicine. DBTH is part of South Yorkshire and Bassetlaw ACS, the second largest of the eight ACS pilots and already hyper acute stroke patients are being admitted only to Sheffield and Doncaster Hospitals. I am taking every opportunity to learn about and monitor this transformation.

Governors must engage cooperatively with the Trust, learn the context in which decisions are made but keep very close to the reality of the experiences of the people we represent. Surveying local hospital users, dropping in to staff training lectures and listening to the community have alerted me to issues which I have been able to feed back to and discuss effectively with the Trust. Above all, I have learnt that the spirit of the NHS is alive and strong.

I can bring to the committee someone who asks good questions, can analyse issues and who communicates effectively. My experience is of a small Hospital learning to live in a bigger Trust which is now involved with major change through the ACS. I think I work effectively alongside that hard working, varied group of enthusiasts who are my fellow governors.

Robert Alabaster

Trust name: North East Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

THE CHALLENGE FACING NHS PROVIDERS

The NHS faces extreme workload and financial pressures, notably in the Urgent and Emergency care sector.

New thinking and partnership working between different agencies, are required.

NHS Providers has an important role in informing its members of new developments and service innovation.

MY BACKGROUND

I have had an extensive career in Health Management including:

- in the Acute Hospital Sector,
- as Chief Executive of an Ambulance Service
- and as director of a health consultancy company.

I have been a Governor of North East Ambulance Service for six years.

MY CONTRIBUTION TO THE GOVERNOR ADVISORY COMMITTEE (GAC)

I have been a member of the GAC since 2015 and have supported its role in harnessing the contribution of Governors and in guiding the Governor Support Programme.

As well as attending conferences and regional events I have contributed to GAC discussions, especially:

- the Ambulance service plays a vital role in the emergency and urgent care system
- delayed patient handovers at Hospital A&E departments reduce available Ambulance resources
- the 111 system can reduce pressure on A&E departments by guiding patients to more appropriate care

I have proposed topics for inclusion in the Governor Support Programme:

- connecting with the wider membership and the public
- whole system working and the role of governors within

Sustainable Transformation Partnerships

- how can governors share best practice in holding their

Trusts to account?

I would like to continue to work with the GAC in identifying new ways to support governors across the NHS.

Khalid Ali

Trust name: Birmingham & Solihull Mental Health Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

This would be the opportunity for Khalid to further strengthen the voice of governors advisory committee nationally. He is fully committed in taking up any opportunity to enhance governors role and is a very active governor who thrives on exceeding the expectations of our members and with the governors policy board.

Saad Alshukri

Trust name: Liverpool Women's NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am the Elected Public Governor of Liverpool Women NHS Foundation Trust and a member of other trusts within Merseyside including; MerseyCare NHS Foundation Trust; Liverpool Heart & Chest Foundation Trust. I am also a Trustee & Board member of Liverpool Mental Health Consortium and hold various roles in the community including acting chair for Lodge Lane Regeneration Group and Five ways to health & wellbeing- Keep learning/take notice/Give-Connect/Be active. Previously I have been a Governor at the Walton Centre NHS Foundation Trust and Liverpool Heart & Chest Foundation Trust.

Given my past experience both within the NHS foundation trusts and various community organisations and also given my background in research and development of various project management and practical planning development in engineering science and technology consultancies at University of Liverpool and Nottingham Trent University, I feel I can bring an informed view to the committee on the educational requirements for Governors and help shape NHS Providers work programme in support of Governors.

I have excellent communication skills having been responsible for teaching, supervising, and training of Undergraduate and post graduate students and clinical Bio-engineers at University of Liverpool and Nottingham Trent University, in computing and software engineering and Technology, training development, courses, and project management.

I am able to provide the necessary time commitment to this role.

Maurice Alston

Trust name: Hampshire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a Public governor for 7 years and am currently Lead Governor with HHFT. I am also Chair of the Patient Experience Group, a member of the Membership Working Group, a member of the Nomination Committee, and Chair of the Patient and Public Involvement in Research working group.

The Council is a valuable resource to the Trust and made a significant contribution to HHFT's acquisition of a failing group of hospitals in 2011-12. We are now working with the Trust's senior team on the emerging STP plans.

I am deeply committed to the NHS and very grateful for its part in my survival from bowel cancer. I have a special interest in governance and patient care.

I spent 25 years in the chemical industry working from shop floor to boardroom and 25 years consulting work in human resource development. I have experience of chairing or working with charitable bodies and committees across the UK. My clients comprised industry, not for profit enterprises and Government. I have worked in Europe, the former USSR, the USA and Mexico. I am a Chartered Engineer, Member of the Institution of Chemical Engineers and Fellow of the Chartered Management Institute.

Since retirement, I have worked with charitable bodies in Trustee or similar roles, including Age Concern, Mediation UK, which I chaired for two years, Berks, Bucks & Oxon regional committee of the Ileostomy Association and my local U3A committee. I am currently an elected Trustee of the Industrial Training Boards Pension Funds.

Shahnaz Asghar

Trust name: University Hospitals of Morecambe Bay NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

For the past 8 years of my time as a governor, I have kept three rules in my head: 1) Speak up for the members of the FT; 2) Communicate effectively with members on what the FT is doing; and 3) Stick to the Trust's rules. In my experience, I believe I have upheld these practices to my best effort.

My time as a governor has been a time spent with real people, dealing with real situations. I endeavour to listen and talk to members, staff, patients, and the public, in all things relating to the NHS. This is the only way to see if changes from the top manage to work effectively where it really matters.

Communication is second nature to me. Without my voice, I wouldn't have been able to raise thousands of pounds for Furness General Hospital, organise countless fundraising events, implement necessary facilities, e.g. a drinking fountain, a disabled parking area, and new equipment.

First and foremost, I believe that putting the patients and staff at the heart of everything I do is crucial; their voices must be heard for the FT to flourish. I think that the GAC is the ideal next step for me to use my experience, my accrued guidance and advice based on real voices, and to better help the receivers of the NHS – people like you and me.

Jeremy Baskett

Trust name: Northern Lincolnshire & Goole NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

My Name is Jeremy Baskett. I have worked in the NHS for over 35 years initially as a clinician, prior to holding senior manager roles across a number of NHS trusts including clinical support, surgical and medical services.

I have also acted as a commissioner of NHS services, trying to balance the funding provided to the local NHS between Hospitals and the GP and community services. This has given me a good understanding of how the NHS operates and as such how to help bring about change and improvement.

I am passionate about the NHS and being an FT Governor and think the role in helping to make the Hospital Trusts accountable to the local population for the services they provide, is crucial.

I see the work of NHS Providers in supporting FT Governors, as hugely valuable with their ability to understand the issues and challenges facing NHS Trusts and their willingness to provide support to Governors in our role.

I would welcome the opportunity to stand as a Governor representative to share insights in what is happening on a regional basis, and to be able to share good practice and advise on how NHS Providers could develop their support offerings to Governors.

I would welcome your support in putting myself forward as a Representative on the Governor Advisory Committee.

Katherine Birch

Trust name: Mid Cheshire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

The role of Governors within Foundation Trusts is one of the key ways of ensuring that the interests of patients, staff, communities and wider stakeholders are represented at the highest level of the organisation. Having been a Governor at Mid-Cheshire NHS Trust for over 2 years, and more recently having been appointed as Lead Governor, I am passionate about the role that Governors play and the value that can be added through their activities.

Given the huge diversity within and across Councils of Governors and given the many changes and challenges facing health and social care, supporting Governors to be effective in their roles is critical. Most of my own career has been spent working in healthcare (ranging from large specialist provider organisations to Charities) and I currently work in a large Hospice in the West Midlands where I am Head of Learning and Development.

Providing opportunities for staff and volunteers to develop, network and learn is central to what I do and my own background (which includes being Deputy Director of a National Governance Support Unit and working across the North West for a large audit provider) has given me insight and skills in undertaking training needs analysis, developing courses and workshops, building networks, undertaking large and small scale research/evaluations and supporting personal/professional development – especially in relation to good governance. Reflecting this, I am keen to join the GAC in order to contribute to the ongoing programme of advice and support for NHS Providers and governors.

Simon Bishop

Trust name: Dorset County Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am an elected governor at Dorset County Hospital, being very active in the governance structure, attending and contributing to Council of Governor and Board meetings. My background is as a high level IT analyst for over 40 years.

My areas of expertise include; effective management of change, and effective communications.

Since my election I have actively participated and overseen processes for effective observing and reporting on various governance meeting channels, including governor observer participation of various board and committee meetings.

I am retired, and can contribute considerable effort and expertise to this important position.

Donna Booton

Trust name: Colchester Hospital University NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I have had a variety of jobs within the NHS since qualifying as a Registered Nurse in 1985. My current role as Head of Quality Improvement enables me to use quality improvement tools alongside my leadership ability, project management skills and an ability to use my clinical autonomy.

Until recently I have worked as the Quality, Assurance and Compliance Matron supporting and project managing the Trust in preparation for the CQC visit last year.

For the previous 10 years I worked as the Matron for Oncology, Ophthalmology, Sexual health, Radiology and Research.

This varied experience has given me the opportunity to have developed relationships with many different members of staff from all disciplines and authority.

I was also fortunate enough to be the nursing / midwifery representative on the Council of Governors at Colchester for 6 years of which I thoroughly enjoyed.

I have always been actively involved in staff engagement and I want the care received by patients and staff to reflect my own personal standards.

Furthermore, my experience and knowledge enables me to view situations objectively and make informed decisions based on their individual merit.

My election to the Committee would allow me to support and influence the national agenda for the NHS and would enable me to play a greater part with the development of governor support.

I relish the opportunity to work with the Committee as a staff representative in order to drive further improvements for our staff and patients.

Signed: DM Booton 9 December 2018

Leslie Brantingham

Trust name: University College London Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Carer/Patient/Service user

I became a governor from a passion to protect the NHS, a cornerstone of our society. A publicly-owned and operated health service is the best way of providing the services that we all need; I am committed to its survival and improvement.

At UCLH I am active on patient experience, IT Awareness, NEPTS, and Quality and Safety matters. By speaking to other FT Governors and NHSI, I have learnt about excellence and good practice, and equally about what hasn't worked. From this triangulation I challenge NEDs where practice or policy appear to prejudice patients' interests. The greater the knowledge pool, the more we compare and learn, the more effective Councils of Governors oversight and the better we can serve.

Thus I see the GAC has as having an increasingly important role in promoting cross-Trust learning in the NHS. Someone, somewhere is doing 'it' right, and spreading the word about good practice, in governance and organisation, is a quick win for all.

I spent my career with large organisations managing Capital Works programmes. I am familiar with business processes, committee work, and establishing peer group networks for co-operative working. I am a Chartered Civil Engineer and Member of Gray's Inn. I live in Wiltshire and I am a trustee of a Boat Club charity and conservation officer of another charity.

I have benefited from the GovernWell programme and now welcome the opportunity to give my time, experience and thought to helping this service help all Governors.

Stuart Brooks

Trust name: James Paget University Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Since retiring as a Headteacher, I have been Public Governor at the James Paget University Hospitals NHS Foundation Trust for the past 6 years. In addition I work as a volunteer for people with disabilities and as CQC Expert by Experience Inspector. I could make the case through experience, but I feel that my capabilities and interest in the well being of patients, relatives, carers and staff is the best qualification for the role as a representative of our Governors. Councils of Governors are here to ensure that Trusts provides the best care to all. As a group, Governors should be here to support the Trust in achieving that goal. It is essential that we work together, sharing our skills, knowledge and experience to enable the communities to fully utilise a Trust's facilities. It is essential that Governors support and represents the views of the people who use the service. As a Public Governor one should listen carefully to the diverse views and draw out a consensus, so that we speak with one voice. As a user of the NHS I do have a vested interest; I suspect we all do. However, we need to think of the viewpoint of all users and not just from our own perspective, valid as it may be. I have attended a number of NHS Providers conferences and have found it a most valuable experience. This Committee is an opportunity to share best practice and new approaches to further the work of the NHS.

Jan Burnett

Trust name: Frimley Health NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I became a public governor of Frimley Health in 2015 since when I have come to appreciate the challenges faced both by our own Trust and by the NHS in general. The role of the governor in a Foundation Trust is not entirely clear, particularly in relation to the practicalities of exercising our statutory duties. I would very much welcome the opportunity to learn from the governors of other trusts as well as sharing our own experiences.

I understand that part of the work of the GAC is to consider the type of support that is made available to support governors e.g. through GovernWell training courses, conferences and other bespoke training and guidance resources. My own background is in adult education and training and I would welcome the chance to work with other governors to help to shape the kind of support that could be provided in the future.

We are currently a very successful trust but as the NHS moves toward the Accountable Care System model it seems imperative that governors are well informed about the changes and challenges that this will involve.

Most governors put themselves forward to make a difference in some small way in a vast and complex health care sector. The more support governors are given in their role, the more effective they can be as individuals and in working with fellow governors and with the executive and non-executive directors of trust boards.

Jan Burnett

Public Governor for Bracknell Forest and Wokingham

Amanda Buss

Trust name: Royal United Hospitals Bath NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Before becoming a Governor in 2012, I trained as a doctor, then worked for a large financial services company and subsequently ran my own business advising companies on the design and implementation of healthcare policies and provisions for their employees. I believe my background in both the medical and corporate sectors gives me a valuable understanding of current healthcare challenges, and enables me to make a unique contribution as a hospital governor.

In my current role I:

- Belong to Quality, Strategy and Remuneration Working Groups
- Attend all Trustboard meetings.
- Am the Governor representative working on the relaunch of the hospital website.
- Engage with Staff and Patients at a range of hospital events.

My major achievements in the role include the redesign of the monthly Governor data report, preparing a summary of Trustboard highlighting areas that I feel Governors should investigate.

Being a Governor has enabled me to expand my understanding of NHS issues, Governance and the Governor role, and to contribute to service delivery at my hospital. I believe that I have made a significant contribution to the development of the Council of Governors, and I would like to use this experience at the GAC to share best practice with fellow members, to learn from them and to enhance the support that we receive. I would also like to develop the role of the GAC and the Governor voice at a national level - to enable us to influence and shape the future of the NHS for patients.

Della Cannings QPM

Trust name: Tees, Esk and Wear Valleys NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I would be very pleased to serve as a Member of the NHS Providers' Governor Advisory Committee. I am a Public Governor of the Tees, Esk and Wear Valleys NHS Foundation Trust. The Trust provides a range of mental health, learning disability and eating disorder services for people in County Durham and Darlington, The Tees Valley and most of North Yorkshire. I am also a full-time Carer.

The role of Governor is vital in ensuring on behalf of the local communities that the Trust is held to account through the Non-Executive Directors.

I have a wealth of experience working at the national level, including:

Previous Trustee of NHS Providers (formerly known as the Foundation Trust Network) (2 years);

Chairman of Yorkshire Ambulance Service NHS Trust (6 years);

Deputy Chairman of the National Information Governance Board (4 years);

Director of Association of Chief Police Officers (3 years) and Director of Association of Ambulance Chief Executives (4years);

Chair of the Independent Advisory Panel of the Army Foundation College, Harrogate (8 years);

Chief Constable North Yorkshire Police (5 years), chairing various national policing workgroups with Home Office.

I would look to represent the views of Governors from the various sectors to influence how NHS Providers represents its members: ensuring it listens to the Governors' voices and ensures support to the important role of Governors through Governwell.

A voice for the north, a voice for mental health, a voice for Governors.

Anne Carlile

Trust name: Northumberland, Tyne and Wear NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

#hellomynameis Anne Carlile, a serving Governor of Northumberland, Tyne and Wear NHS Foundation Trust, a Mental Health and Disabilities organisation. The Trust was rated as outstanding by the Care Quality Commission in 2016.

As a team of Governors, we have been instrumental in enabling governors and staff to work together to develop processes for the benefit of improving effective and efficient services, for the whole spectrum of individuals with mental health and disability issues.

I retired from full time work four years ago and I am currently a carer who has worked with other carers and carer organisations for the last 20 years. Previously I developed and managed a successful city wide nationally recognised charity which supports carers of drug and alcohol users. The Charity received the prestigious Queens Jubilee award in 2002. I worked for a Northumberland Charity and was seconded to HMPS Durham and Northumberland as a family intervention officer.

I am a member of Priory Medical Group, North Tyneside Patient forum and represent patients on North Tyneside Clinical Commissioning Group patient forum. We have sub-group membership and I sit on mental health, self-care communications group, shared decision making group (MAGIC Programme, Newcastle University). I am also a member of the Crown Prosecution Service (community and involvement panel). I have spoken at National conferences and chaired numerous working groups in all my roles. As a qualified trainer I have produced and delivered many training programmes.

I believe my experience and enthusiasm may benefit NHS Providers GAC.

Gill Close

Trust name: Northumbria Healthcare NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am now into my second term of office as a Public Governor and have enjoyed the experience immensely. I am committed and very proud of Northumbria Healthcare but I am also willing to robustly challenge issues which have been raised with me.

I currently sit on the Nominations, Remunerations and Development Committee; the Charitable Funds Committee and the Nutrition Steering Group. I have played an active role in many Road Shows and PLACE visits and feel that these visits help me to have good personal insight into service provision issues and this, alongside the excellent data reporting from our Patient Experience Team keep me well aware of what is happening on the ground. I have a great interest in the wider NHS, I worked as a Speech and Language Therapist for 40 years and have had a wide range of patient and carer experience. I have a daughter who is profoundly deaf and as a result I am very aware of access issues that can arise.

I understand enormous pressures that are impacting on NHS services and I realise that there will have to be some very difficult decisions made in rationalising a restricted budget with ever increasing demands. I do feel that the role of the Public Governor is even more important during these times. I would enjoy the challenge of being part of the Advisory Committee.

Jenny Cobley

Trust name: South London and Maudsley NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Jenny is uniquely qualified for this role as she has been a Foundation Trust (FT) governor at both an acute FT and a mental health FT.

Initially she was a governor for six years at Guy's and St Thomas' (GSTT – an Acute Trust). She is currently a governor at South London and Maudsley FT (SLaM), where she has just been re-elected for a second term. Jenny has also been re-elected as Lead Governor for a second year. She was previously deputy Lead Governor and Chair of the Quality Working Group at SLaM, and Chair of the Patient Experience Working Group at GSTT.

While at GSTT she helped to establish the role of Lead Governor (before it was required by Monitor) and also established Governor-only meetings. As Lead Governor at SLaM, she has established Governor-only meetings, meetings of the Chairs of Working Groups with the Trust Secretary and has helped to establish regular meetings with NEDs.

Jenny has attended a number of meetings and training courses organised by the FT Governors Association in the past and more recently has attended the Governor Focus meeting in 2017 and training courses organised by Governwell. She is keen to represent the interests of mental health trusts on the GAC.

Before she retired, Jenny was Reader in Virology at King's College London, based at St Thomas' Hospital. In that role she was responsible for teaching, research in the field of clinical virology and some diagnostic work for the hospital.

Steve Connolly

Trust name: Gateshead Health NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a Public Governor at Gateshead Health NHS Foundation Trust since 2016. As a Registered Nurse, I have an understanding of how the NHS functions, having worked in the NHS/social care all of my working life.

However, since becoming a Governor, it has allowed me to become more aware of how an NHS Trust Functions and the day to day challenges it faces, whilst maintaining a very high standard of patient care and safety.

My role as a Governor, also allows me to meet fellow Governors and discuss issues, and bring them to the attention of the Board of Directors. As well as meeting with fellow Governors it also allows me to meet with members of the public who use our services and discuss any issues that they may have regarding the services provided, either positive or negative comments.

If elected to the Governor Advisory Committee this will allow me to keep fellow Governors up to date with on-going changes within the NHS. I also believe that it is important to share good practice with others, in order to improve patient care.

I am a member of various groups/committees, within the Trust, including Infection Prevention and Membership Strategy. I am also a member of the Patient Experience Action Group ensuring that patients have a positive experience whilst in hospital.

I feel that with my qualifications in Health and Social Care, I would make a valuable contribution to the Governor Advisory Committee, if elected.

David Dean

Trust name: Cambridge University Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I serve as Deputy Lead Governor at Rosie Maternity and Addenbrooke's Hospital (CUH FT), and am an active participant in the joint NED/Governor working groups as well as a number of key committees. I am committed to supporting the organisation in its drive to provide quality of care for its local community as well as great science, innovation and education as a world class Teaching Hospital. I work closely with my fellow Governors to challenge and hold to account the Trust Executive team for the performance of the Trust.

Before recently retiring, I have held senior management (VP or Director level) roles in the UK and Europe for a number of Life Science companies, specialising in Diagnostics and Genomic technology. Those roles included managing substantial change in strategy and structure for those companies. Professionally my roles have required fast assimilation of information (often technically demanding) and active communication with clients and team members.

In addition to my Governor role (in which I have more than two years left in this term), I am currently a Non-Exec Director of a small biotech company.

Outside interests include sailing and skiing. I am married with two now grown up children. All of us have used the services of Addenbrooke's and NHS.

Tony Ellis

Trust name: Hillingdon Hospitals Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am the Lead Governor at the Hillingdon Hospitals NHS Foundation Trust (THH) which is a medium sized acute hospital based on two sites in the London Borough of Hillingdon with a large part of Heathrow Airport within its boundary. We serve a very diverse community across North West London and the Home Counties.

I have been a public governor for seven years and was a shadow governor for a two years whilst THH was qualifying for FT status. Consequently I am an experienced governor and fully understand the role of a governor and how we should act as a link between constituents and the Hospital. I have served on many committees.

I am a retired Chartered Accountant and feel I could bring particular financial specialist skills to the Governor's Advisory Committee, as well as being able to represent the challenges of the health system in North West London, and London in general.

Being chairman of a local residents association and an active committee member of an old people's charity, I have a good understanding of what residents need from, and think of, their local hospital. This has enabled me to make a valuable contribution to THH. I have a good relationship with NEDs, executives, staff and other governors. Our Council of Governors works well as a team and takes seriously its role of challenging NEDs and engaging members and I believe I could translate these experiences and skills to working on the Advisory Committee at a national level.

Michael Fernando

Trust name: Yeovil District Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Election Statement for place on Governor Advisory Committee

Michael Fernando, Staff Governor, Yeovil District Hospital

I am applying for this role on the Governor Advisory Committee because I would like to share my experience and enthusiasm to offer guidance and advice to NHS Providers in support of Councils of Governors. I have been a Staff Governor for almost 6 years in Yeovil District Hospital and am a Consultant Paediatrician. I work in the Acute Sector of the NHS.

I have additional experience which I believe enhances my suitability for this role. Locally, I have been a Trustee of the Yeovil Opportunity Group, a nursery for children with additional needs, for over six years. Regionally, I have been nominated as an Assistant District Governor of Rotary International (which provides support for local, regional and international causes). Internationally, I am a Member of the Rotary Foundation Cadre of Technical Advisers and give expert advice regarding grants for Maternal and Child Health projects globally. I am a Fellow of the Royal College of Paediatrics and Child Health. I have worked in a variety of health care settings, including in the U.K. Bermuda and New Zealand.

I am willing and able to attend meetings in London.

Michael Fernando

Staff Governor, Yeovil District Hospital

Alison Fisher

Trust name: Dorset HealthCare University NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I was elected as a Public Governor (Dorset and Rest of England and Wales) for Dorset Healthcare University NHS Foundation Trust with a 3- year tenure from September 2017. I am a new Governor having recently moved to Dorset following a career as Chief Executive of a regional Mind – the mental health charity. In addition, I am taking an interest in the regional Governor Network and have recently been accepted as a volunteer Governance Partner for a local voluntary organisation.

I have over 20 years Board level experience - as a Director of Voluntary and Community Action and of Healthwatch, both in Central Bedfordshire; of Milton Keynes Mind and was a voting Director of my last employer, Mind BLMK.

I have taken leadership and ambassadorial roles in local, regional and national mental health sectors, the general voluntary sector and as a representative on key strategic bodies within local authorities and Clinical Commissioning Groups.

My experience of oversight within a range of statutory and voluntary agencies entailed attendance at meetings; contributions by way of discussion and team working on Task and Finish projects; feedback to external stakeholders; assimilation of intelligence from a range of quarters; and taking responsibility for any decisions made. My experience as a Governor is with Dorset, which is a pathfinder Accountable Care System, will inform the Advisory Committee.

This experience, together with personal attributes and current activity detailed above, would fit and enhance the Governor Advisory Committee, to which I seek election.

Mary Foden

Trust name: Pennine Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I have been a Governor since 2008 when Pennine Care was established as a Mental Health Foundation Trust, and am currently in my fourth term. I wanted to use the practical knowledge and skills gained as a social worker/care co-ordinator in a community mental health team, simultaneously gaining understanding of challenges around developing and implementing strategic plans, whilst also being a conduit for communication between the Trust and its members.

As a Governor I have developed from being a recipient of information to being actively involved in debate around sustainability and transformation plans, seeking assurance by challenging data and, identifying ways of engaging meaningfully with members. In these difficult times of financial deficit, staff shortages, and increased demand for NHS services, Governors have ensured that our Board has done everything possible to manage the finances but sought assurance that quality has been prioritised and not compromised. I believe that Trust members should be honestly informed of challenges involved in developing strategic plans and have opportunity to question, and consider alternatives.

As a member of the NHS Advisory Panel I would work to further develop the role of Governor, and represent the voice of Governors at National level. I would be actively involved in the national work programmes and would seek to ensure that mental health is high on the agenda. I would promote awareness of developments, courses, workshops, and be a vehicle for communication and promote the role of Governor at Local and National Level.

Peter Folwell

Trust name: Countess of Chester Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Following a successful career in manufacturing I moved into Management Consultancy where I worked for a wide variety of clients that included the Ford Motor Company, HBOS, Coca Cola and The Highways Agency. With an MBA and as a Member of the Chartered Management Institute, my main area of expertise was as a Lean Process Specialist.

Since retirement I have had the opportunity to spend more time involved in healthcare related environments. I served as a Governor for Warrington and Halton Hospital Trust (WHH) for three years where I chaired the Governor Quality in Care committee as well as managing the Governor's monthly ward observation visits. When my wife and I moved to the Wirral I felt that my time would be best spent in working with what is now my local hospital, The Countess of Chester FT.

During my time as a Governor at The Countess I have become involved in a number of groups including the Mortality Surveillance Group, the Patient Experience Operations Group and the Communications Group. In addition, I worked closely with the Associate Director of Nursing to re-instate the Governor ward visits.

Having been a Governor with two Foundation Trusts, together with my career, I believe I can bring a broad range of experience to the GAC that will help provide Governors with the necessary tools to fulfill their role.

Pauline Garnett

Trust name: Bradford Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

My Background

- Registered nurse with significant wealth of diverse experience.
- Worked in NHS for over 25 years in various roles and settings: Cardiovascular / ICU Nurse, Research, Service Development Manager, Clinical Effectiveness Lead, End of life Care Facilitator and currently as a Genetic Counsellor.
- Involved in extensive range of initiatives e.g. leading on key projects to support quality improvement strategies, peer review, Investors in People internal verifier, development of patient satisfaction surveys and, delivery of clinical education programmes.

Rationale

- I am committed, proactive and have a genuine interest in making a positive contribution.
- I was elected as a staff governor in 2016 and have embraced the role.
- I am passionate that FT governors are engaged, empowered and their views are respected. The NHS is subject to clinical and economic challenges. It is important that governors views are considered as their insightful knowledge may provide solutions to challenges encountered.
- I attended the last governors Focus conference and found the event both stimulating and beneficial.
- I possess excellent communication, interpersonal and analytical skills with an ability to assimilate complex information in a fair and balanced manner.
- As a Governor I have captured the views of staff during visits to clinical and non-clinical operational areas and shared concerns to facilitate change. I have engaged with external experts at key learning and development sessions and made recommendations to enhance service delivery.

If elected I will do my utmost to represent your full range of viewpoints and make a positive impact.

Colin Godbold

Trust name: South Central Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I'm Colin Godbold. I'm seeking election as Ambulance Representative on the NHS Providers' GAC as I believe I can do a good job of representing the views and needs of governors in the ambulance sector.

I have three years' experience as a public governor of South Central Ambulance Service NHS Foundation Trust, I am starting a second three-year term, and I have time for the role. As a governor I have been active in public engagement and I believe I have a good understanding of the particular challenges facing front line ambulance trusts, including increasing demand and complexity of need, coverage of large, diverse geographic areas, delays in A&E, staffing and ARP implementation.

I have a private sector background delivering large IT-based change programmes and now work part-time as a consultant and charity volunteer. I also bring considerable experience of working in advisory and committee roles in central government, including at DWP, Cabinet Office and the UK Statistics Authority. I am a strong believer in the importance of good governance in the delivery of public services.

If appointed I will seek input from ambulance trust governors across the country to understand what they need from NHS Providers, and provide feedback to keep them informed. I will aim to:

- Be a strong voice for ambulance service governors at the GAC
- Create an effective two-way communication channel for governors with NHS Providers
- Influence the activities of the GAC and NHS Providers on behalf of the ambulance sector.

Alastair Harding

Trust name: Medway NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a Public Governor for Medway NHS Foundation Trust since June 2016. I was prompted to stand as a Governor after experiencing first hand the care provided by the trust, in 2011 my twin daughters were born three months prematurely and were cared for within the NICU as well as spending time at four other hospitals over five months. My full time job is as a senior information risk manager for an investment bank, and I was keen to find a way of using my knowledge and experience to give something back to the NHS. I sit on the Serious Incident Panel and Patient Safety Group and have been privileged to see and contribute to the improvements made over the past 18 months or so as the Trust has delivered significant improvement and exited special measures. In addition I volunteer for SERV Kent, an organisation that delivers blood products out of hours for the NHS.

As a Governor I have felt able to contribute to the Trust in a number of ways, however at the same time I have frequently found that the national support structure has lacked clarity over what exactly the role of the Governor should be, leaving Trusts and COGs to define many elements for themselves. I would be very pleased to get involved in the GAC and have the opportunity to help provide that guidance and support to other Governors and Trusts.

Kathryn Harrison

Trust name: St George's University Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am passionate about our health service and I'm committed to helping make a difference to people's lives.

I am currently serving my second term as a Governor at St George's and have taken a very proactive approach. I was honoured to be selected as Lead Governor and believe that under my leadership the Council has become a credible and influential voice.

In the last year I have been involved in the appointments of the new Chairman and Non-Executive Directors and was interviewed by the CQC during their inspection. I have been a member of the Renal Redevelopment Project Board and various other committees, carried out ward inspections, attended ministerial visits to the Trust, and chair the Organ Donation Committee.

My personal achievements have included helping to resolve issues for individuals, and this has made a real difference for those people.

I have spent all of my working life in the public sector and have an understanding of Government and policy making at the highest level – this has stood me in good stead as a Governor and enabled me to use my career skills and personal experiences.

Good communication is essential and I ensure that I listen and engage others in open and honest conversations. I have not shied away from confronting the more difficult issues, which colleagues have appreciated.

I would like to share my views of being a Governor and my experience of the NHS as a representative on the Governor advisory committee.

Sandra Haynes

Trust name: University Hospitals Birmingham NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Personal statement for Sandra Haynes MBE – GAC Application

- I have been a Public Governor for Northfield in Birmingham for the last five years, representing local residents to ensure excellent local health care and the effective management of University Hospital Birmingham.
- I have been Lead Governor since April 2016, a position to which I was appointed unopposed. I am also Chairman of the NED Nomination and Remuneration Committee .
- I am a committed and enthusiastic governor, who enjoys engaging in debate about how to improve our services, in the context of national issues currently facing the NHS.
- As a member of our Trust's Patient and Carer Council, I have contributed to new initiatives and national campaigns, such as Volunteers' Week. I also regularly feed back to staff any issues identified by patients and their relatives to improve services.
- As a member of our Trust's Readership Panel, I provide feedback on documentation for patients, helping to make improvements.
- As a governor, I try to be a good ambassador for the Trust, helping to raise public awareness of the work of the NHS and recruiting new members.
- As a former senior manager in a further education college, I am used to assimilating complex reports and extracting the relevant material from them.
- As a former Ofsted inspector, I am used to making presentations in a professional manner.
- I am a good team player, with excellent communication skills

Sandra Haynes MBE

Ian Holden

Trust name: Sherwood Forest Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Traditionally part of the service Hospitals have provided has been the peace of mind of knowing they will be accessible when we need them. As a manager and business lecturer I have spent much of my working life helping people to manage change in their organisations. I believe I have the skills to help achieve the outcomes we all wish for without placing even more burden on staff who are, in many cases, already working to their limits.

Ken Jones

Trust name: Lancashire Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

The National Health Service is our greatest single achievement. I have served this great enterprise as an elected Public Governor of Lancashire Teaching Hospitals NHS Foundation Trust for the last 7 years, representing the views of the public and patients, and making sure the patient's voice is always heard. This role has given me a broad range of experience of acute hospitals.

A governor's prime duty is to be a "critical friend" to the institution and its managers, holding individuals to account for errors and system failures, but also defending and supporting both the organisation and its leaders. With an ageing population, deeply stretched social care and pressures from poorly resourced out-of-hours services, it is a challenging time for all in the sector.

As Chair of the Trust's Governing Council Membership Group, I'm responsible for its popular and successful Members' Events which engage with members to shape decision-making and service development. I also serve on the Buildings and Environment and the Patient Experience Groups.

I am actively involved in the Trust's quality agenda and engage in frequent unannounced inspections of all aspects of the hospitals' operations, I have extensive experience of the Trust's Nominations Committee and part of the team who recently appointed the Trust's new Chair and Non-Executive Directors.

The NHS Providers Governors Advisory Committee is an opportunity to bring "coal face experience" of a leading major trauma trust providing a range of specialist regional services, teaching and research, to wider notice. I hope you will support my candidature.

John Jones

Trust name: Essex Partnership University NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I am pleased to have been on the GAC for the past 2 years as well as being elected as the Deputy Chair. I am an active and dedicated member having attended every meeting contributing constructively to discussions. I have been invited to address a meeting of NHS Providers (NHSP) staff during Volunteers Week on the role of Governor as a volunteer, have chaired a Regional Conference on behalf of NHSP, and was a member of a Task and Finish Group reviewing this election process.

I am Lead Governor at Essex Partnership University NHS FT, a provider of mental and community health, and learning disability services. Consequently I ensure the voice of mental and community health, and learning disabilities is heard at Governor Advisory Committee (GAC) meetings, as well as sharing my Governor experience. Our Trust was the first successful FT to FT merger so I have shared the Governors' experience and learning from the transaction with NHSP and GAC including, for example, how we ensured we were kept updated so that we could make an informed decision for the significant transaction vote.

Encouraged by GAC, in 2016 I established a Lead Governors Regional Network allowing me to report back the views of a wider group of FTs than would otherwise be the case.

I have established a good working rapport with staff at NHSP, who respect my views, dedication, commitment and knowledge. I would appreciate your support so that I can continue to provide this for all our benefit.

Annie Moody

Trust name: Barnsley Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am retired from the Civil Service where I had a variety of roles, including Training and Development policy, and latterly managing a national project to improve the experience of customers who needed to contact my Government Department. I have been a Barnsley Hospital Governor for three years (Lead Governor since January 2017), and have recently been re-elected for a further three years. I am used to communicating at all levels, chairing and taking part in meetings, using my experience and willingness to listen to all and analyse responses, enabling me to make informed decisions and recommendations. The NHS is currently facing huge challenges. Barnsley NHSFT, as part of South Yorkshire and Bassetlaw Working Together, is in a Vanguard Accountable Care System (ACS) site in this changing landscape, which should mean I am well placed to understand how the role of Governors may evolve within an ACS footprint, and could bring an informed view to the committee based on that knowledge and experience. Regarding guiding the work of NHS Providers employees working on the delivery of the Governor Support Programme, I have a Masters Degree in Learning and Development and am a Fellow of the Chartered Institute of Personnel and Development.

I have very much enjoyed my three years as Governor, have learnt a lot about how the NHS works, and I would bring that experience, together with knowledge and skills from my background in learning, and my commitment and enthusiasm, to contribute value to the Governor Advisory Committee.

Brian T Moore

Trust name: Calderdale and Huddersfield NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Election Statement – Brian T Moore

I offer myself for election to the Governors Advisory Committee (GAC) as I am aware of the valued contribution that Governors make to the efficient and effective running of Foundation Trusts. To ensure that the standards are maintained it is important that there is an informed forum that can guide and support Council of Governors (CoG). Many Governors are elected to trusts without being aware of the full gambit of their responsibilities as a member of a CoG. With all the changes taking place with the NHS and the financial constraints imposed on Foundation Trusts it is important that guidance can be sought and given to CoG's and its individual members from an informed source such as the GAC.

As an experienced Governor in what I consider to be a successful trust which is undergoing significant changes at the present time and more so in the future, I feel my experience can be of use in framing processes to produce programmes to guide and advise existing, new and future Governors. There is also a need to look at a role in supporting Sustainability and Transformation Partnerships which will affect Trusts to greater extent in the years to come.

I am able to give the time commitment required and I am passionate that the NHS should continue to give excellent patient care now and in the future.

John Morrissey

Trust name: Derbyshire Healthcare NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Our trust provides mental health and children services as well as a number of smaller specialised services. I have been a public governor for four years and, for eighteen months, I have been lead governor. I am a retired GP and this background has, I feel, helped me to appreciate particularly the point of view of patients and their families.

Four years ago our trust (deservedly) received much adverse publicity through an employment tribunal. This highlighted inadequacies in both our council of governors and our board and gave impetus to our efforts to reform ourselves so that we could hold our NEDs and board to account in practice and not just theoretically. At that time we were short of governors and those newly elected often did not stay long. We therefore made sure that new governors were made welcome. All governors are offered training in many different forms and it is we who chose the content. We participate in 'quality visits' through which we actually meet (and are impressed by) our many diverse teams who actually treat patients. We encourage governors to participate in external training events and to meet governors of other trusts.

Our varied backgrounds now make us effective as a body. All of our NEDs have been appointed by US in the past eighteen months and they are knowledgeable and effective.

Our experiences would enable me to help advise and oversee NHS Providers in support of councils of governors.

Natalie Neale

Trust name: The Dudley Group NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have lived within Dudley Borough since I was two, attending local schools and colleges and went straight into working into the NHS when I was 18. I have worked at both Russells Hall Hospital and Wordsley Hospitals, and I have worked as a senior caseworker for the MP who covers the Kingswinford, Wall Heath, Wordsley, Pensnett, Brockmoor and Brierley Hill area.

As a senior healthcare professional who has had many years of experience working within the NHS, I feel I have a lot to offer this role. I currently work as a Nurse Practitioner and run my own business.

I am currently a public elected governor for Brierley Hill constituency, since November 2017 for Dudley group of hospitals.

I have also been a Shadow Cabinet Member for Health on Dudley MBC, which has given me a unique insight into how hospitals have to work within the modern political environment.

I thus have experience of both sides of the fast changing world of joint working within the public health sector and believe I will be a positive member of the board.

Elaine Norton

Trust name: Derby Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I have worked as a registered healthcare professional in Derbyshire for over 40 year, clinically, and latterly as a Trust Educator, and have witnessed first-hand how the NHS has grown and evolved. Today's challenges to balance money with services in the NHS could never have been anticipated at its conception and unfortunately are as a direct consequence of its success.

Moving from full to part-time working released time to pursue other interests and I decided to become a staff governor. I fervently believe in the voice of the people, we need honest, effective communication about the challenges we face and how everyone can play their part.

I easily communicate with individuals from all walks of life, holding a balanced view in order to see both sides of a debate/argument. The Governors and Board have enabled me to contribute to local discussions / decisions and as an Educator I regularly teach staff, including doctors, about a variety of topics and as a PREVENT trainer I am used to dealing with emotive and challenging topics.

Being a staff governor, where two Foundation Trusts are merging to provide a better service and facilities for at least two counties it has been challenging to win the trust of the public and staff as any changes within the NHS are seen firstly as 'cost cutting'.

So as the NHS has been my life I would like to belong to a committee who can help shape it for the future.

Carole Olding

Trust name: King's College Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I have worked at Kings' College hospital since 2002 in the emergency department (ED). I now lead a team of specialist trauma nurses who over- see the entire pathway of all major trauma patients, so although based in the ED the team work closely with specialities within the trust and other trusts and Major Trauma Centres.

Kings' College Hospital has always been a friendly and importantly a democratic place to work, where the views of all staff have been listened to. The pressures of working in the NHS in the 21st are well documented and those of us in the front line are aware that sustainable change needs to happen for us to deliver quality care to our patients. Short term initiatives do not and have not worked, instead a longer view needs to be taken that includes a shifting in mind set of how the NHS including us as a trust, can move forward.

As we celebrate 70 years of the NHS we should look back at the many achievements of the health care system that has revolutionised the Nation's health but also consider how Kings' College Hospital as an institution of excellence can adapt and continue to provide the sort of care that our patient's require and our staff feel confident to deliver going forward.

Ian Owen

Trust name: Blackpool Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Whilst delighted to be selected by my Council of Governors at Blackpool Teaching Hospitals for this election I want to make it clear that my goal is to represent and serve the interests of all NHS Governors.

A Fellow of the Chartered Institute of Public Finance and Accountancy I have worked in and around health and care for many years since starting as an office junior in a local council in 1981. My career has included senior Central and Local Government positions in addition to Health and the Private Sector as well as several volunteer positions prior to my election as a Governor in Lancashire. I am a good team player, keen to debate and make changes where required - I know how to get things done!

My "day job" involves contact with NHS trusts from Cumbria/Northumbria down to London and the South Coast and from West to East as well as working with National Health bodies so I fully appreciate the support that we, as Governors and public representatives, require to ensure we can have the maximum impact to benefit our local health economies.

As I write this we are in the middle of rising winter pressures and a challenging future due to public spending restraint and an ageing population - to fully play our part effectively we need appropriate Governor Support and this is why I have put my name forward – to ensure we get exactly that.

I would be absolutely honoured to represent you, my fellow Governors.

Graham Papworth

Trust name: University Hospitals Bristol NHS Foundation Trust

Type of Trust: Acute

Governor Type: Carer/Patient/Service user

I was elected as a Patient/Carer Governor at University Hospitals Bristol in 2017, representing carers of patients under 16. In addition to my governor responsibilities, I am also a member of the Trust's Carers Strategy Group.

I work in Learning Technology and have over 10 years' experience in the strategic management and development of technology and traditional based learning and support programmes for blue chip companies, Government departments and in the not for profit sector. I have worked with clients on training needs analyses and understand the challenges involved in targeting diverse audience groups and in the production of high quality resources.

Working as a main board director, I have experience of chairing meetings at board level, presenting to diverse audience groups and of running workshops. I have worked with clients on campaigns to engage employees and volunteers both in the UK and overseas and am aware of cultural, educational, language and engagement challenges that can be encountered.

I believe I have a strong skill set that can add value to the NHS Providers Governor Advisory Committee and help it oversee and strengthen the governor support programme at NHS Providers and would be delighted to undertake the role.

Chaim Peri

Trust name: Camden & Islington NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

I believe that the role of foundation trusts governors shows the NHS at its best. Our independence plays an essential role, ensuring that our actions are always based upon what is best for the public. Allowing us to ensure the continuous core principles of the NHS, free care that is based upon need and not ability to pay.

Our ability and responsibility to ensure good governance whilst also fully representing the interests of the members and public we serve is key to preserving the NHS.

When I received an e-mail from the Trust Secretary about the possibility of being considered for nomination by the trust, I decided that it would be prudent to do some research.

I went online and read a selection of minutes from other foundation trusts Council of Governors meetings. I found that many similarities were expressed.

I actually felt a little relieved to see how many things we all have in common.

Should I be successful, I would hope to share those experiences, good as well as bad. Seeking the opportunity to share best practice not to mention frustrations.

I am rather certain that my own trust will vouch for my ability to challenge, question and praise their actions.

I undertake my role as a governor with the sincerity and commitment needed. I would aim to do the same upon being successfully elected to the GAC.

David Price

Trust name: Kent Community Health NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

I have been a Governor for Kent Community Health NHS Foundation Trust representing people in the Maidstone area for just over a year. I have been engaging with all kind of groups within my local community in order to understand their needs when it comes to local health and social care. As a retired NHS Finance Director with many years of experience at senior and Board level in both provider and commissioner organisations, I already had a deep understanding of the issues of importance to the Board of an NHS service provider Trust. Since becoming a Governor I have learned an enormous amount about the issues that matter to our service users and their families as well as our partner organisations. That experience has also helped me to contribute as a member of the Nominations Committee, the Constitution Review Group, and the External Audit evaluation panel.

In Kent and Medway we have recently established a regional Governors' network, enabling us to link more effectively with Governors from local Trusts in Acute, Community and Ambulance Services. I would like to represent all of these Governors' views in this region and utilise my knowledge about issues that matter to people in my own constituency on the Governor Advisory Committee and act as a conduit between national and local thinking and innovation.

Michael Regan

Trust name: Lincolnshire Partnership NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

The role description is clear about requirements for this position which involves interpersonal skills, the ability to participate as a positive contributor and actively engage in debate within the committee and when representing NHS Providers. Previous members of the outgoing committee have laid a good foundation for incoming members to take forward and progress further to benefit NHS Providers, studying publications and documents, assimilating and disseminating key points and issueing both in writing and or presentation. I enjoy relevant positive debate be it in response or personal initiation.

Where do I fit into this role? My particular personal and life skills were acquired in military, commercial and industrial management and further refined to fit with voluntary service in mental health. I enjoy reading publications and reports with ability to understand and distribute information both written and verbally highlighting key points. This was crucial when meeting with academics as Chair of the Trust PPI voluntary research team. As a keen team player I am ready to bring to table the skills and experience needed for this role.

Tremaine Richard-Noel

Trust name: Northamptonshire Healthcare NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

As a younger service user governor at the Northamptonshire Healthcare Foundation Trust for the last 18 months, I have been involved heavily with the Membership & Governance sub group and Patient Safety and Experience sub group to name just two.

On a national level I have attended multiple NHS Providers (NHSP) courses and events and have been struck by the immense value of meeting other governors.

In my day to day role as Managing Director of Noel Music Management, I oversee a network of over 1,000 clients, and deliver workshops, content and training to musicians worldwide using the latest technology and software's. Through this experience I'm familiar with the nature of supporting a body of individuals through both networking and the delivery of training and content.

Through talks I've delivered at NHSP events, it's apparent that there are many shared challenges for governors up and down the country. Many of these challenges have been overcome by the knowledge shared at NHSP events but also through the GAC direct feedback to NHSP.

I'm passionate about the NHS and the enabling the public to shape the local development of the NHS through governors and member involvement. The challenges COG face are likely to change with the rising financial pressures and also the changes that STP's will bring. This will only increase the need for governors to remain connected and for the GAC to support NHSP to continue supporting governors nationally which I would endeavour to foster as part of the GAC.

Chris Roberts

Trust name: Oxford Health NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Carer/Patient/Service user

I have been a governor at Oxford Health, a mental health and community Foundation Trust, for 4 years and the Lead Governor for almost 2 years. I am a carer governor and have been an active member of a number of sub-groups. Oxford Health is a very diverse, complex trust which provides many services, including podiatry, dentistry, out of hours doctors, school and district nurses, as well as children's, adults, older adults and forensic mental health services and specialist nationwide services such as eating disorders. It provides services over a wide geographic footprint incorporating several large counties. In addition to this, it is part of a complicated STP, a contract risk sharing arrangement with the local acute trust, an outcome based contract and has recently taken over a high profile service from another trust. I would like to think that all these situations, as well as the usual business of overseeing an FT, have given me a breadth of experience of matters which are relevant to the Governor Advisory Group to assist it when advising on education resources and courses for Governors.

I became involved as a Governor when a close relative became seriously ill and was cared for by Oxford Health, before this I had no contact with the NHS other than as a patient. Professionally I have, and continue to, manage the finances of small and medium companies in the entertainment sector. I would like to think that the above enables me to have an external perspective.

Adrian Smith

Trust name: Thameside and Glossop Integrated Care NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Adrian Bernard Smith
Staff Governor

I have worked at Thameside NHS Integrated care trust for the past 22 years. In many different departments from wards (medical and surgical) to operating theatres and currently I am working in cardiology as a assistant cardiac physiologist. I am also department lead for clinical governance, fire officer, and first aid officer.

I wish to be nominated to stand for the National Governors Advisory Committee. I am very keen to continue in providing, maintaining and improving the service we provide here at Thameside. Working along side other governors will enhance not only our service but also other services in other trusts as we learn from each other and try to help solve the current challenges the NHS is undergoing.

I am proud to be a staff governor here at Thameside NHS Integrated Care Trust the first in the country to take a stand on staff health and wellbeing

ADRIAN SMITH

Danny Sparkes

Trust name: Ashford and St Peter's Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am passionate about the provision and quality of care provided by the NHS. I want to ensure that the needs of patients are considered when services change and new contracts are agreed.

I have worked in various hospitals most of my working life as a medical secretary and volunteer and now am a Public Governor as well as patient and relative of patients.

I was a member of Surrey LINKs for some years, visiting both Ashford and St Peter's hospitals and reporting on patient concerns. As a member of the Ashford and St Peter's Patient Panel and since becoming a Governor, I have continued this involvement and serve on various committees over-seeing governance, working practices and quality of care. I am currently Chair of both the Patient Panel and Membership and Community Engagement Group, and a member of the Patient Experience Group. I regularly attend Board Meetings and involve myself as much as possible in understanding the day-to-day challenges faced by a busy district general hospital.

My other activities include being a member of Soroptimist International; volunteering at my local library; being Trustee of a village hall; registered chaperone and amateur actress! All of these bring me into contact with, and give me a good understanding of, the needs of local people.

Being a Governor has provided me with a good understanding of what Governors need in order to undertake their duties. By being elected for the GAC I will ensure the patient voice is heard.

Dan Stears

Trust name: Greater Manchester Mental Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

I am a Service User and Carer Governor at a large specialist mental health trust. We have recently completed one of the fastest acquisitions in NHS history and are now embarked on an ambitious service transformation programme. As a Governor, I represent patients and their carers across Greater Manchester, the wider North West and beyond.

I have been an NHS service user for 16 years. During the last three years, I have supported recruitment activities at my Trust as a service user with lived experience and have been involved in a number of PLACE inspections. I also volunteer as a Peer Mentor in our Early Intervention Services in a Health Education England-funded project. This project has proved very successful.

I am an active member of our Governors' Nominations Committee, which aims to ensure that the Board of Directors offers the required balance of skills, knowledge and experience. I am also a member of the Trust's CARE Hub, which is focused on enabling meaningful service user and carer engagement and quality improvement.

I have an excellent attendance record as a Governor. I enjoy encouraging useful discussion and debate and am capable of providing reports, both verbal and written, that are clear and easy to understand.

I believe that the NHS is facing some difficult decisions about its future and how it needs to evolve, whilst continuing to sustain service delivery and quality. I would welcome the opportunity to support and share experiences with other governors in this rapidly changing environment.

Barbara Strong

Trust name: The Walton Centre NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a public governor for the Walton Centre for just over three years and I have recently been re-elected for a second term.

In addition to the three years' experience as a governor, I am a semi-retired, qualified nurse with more than 41 years experience working in clinical and senior leadership roles in various health environments.

I have a lifetime commitment to serving the public and improving the quality of health and care services. My NHS work has given me a solid understanding of our health care system and I can engage effectively with a broad cross-section of people and organisations both within and outside the Health Service.

I would relish the opportunity to meet fellow governors from other trusts, to influence and help shape the work of governors nationally and through debate and sharing of experiences and ideas, improve practice for all.

I am proud to be a governor in The Walton Centre, a specialist trust that has been rated "Outstanding" by the Care Quality Commission. However, there is always the need and capacity for improvement, and the broader insights that can be derived from membership of the GAC will enable this.

I believe that if I am elected to the GAC, I can offer enthusiasm, commitment, energy and rigour to the role and make a valuable contribution that benefits other governors and ultimately the public and patients.

Roger Stroud

Trust name: Great Western Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a serving foundation trust governor for 14 months and from day one fully immersed myself in the role, participating fully in working groups and committees, attending many mini-visits, various governor training sessions and attended the NHS providers 2017 national governors focus conference and participated in the 2017 South West Governors' Exchange Network event. In November 2017 I was nominated and elected as Lead Governor.

Although I have been a governor for a relatively short time I have been totally focused and committed to the role and feel that I have something to offer in terms of the growth from being new and inexperienced, through to being a fully contributing governor who is willing to take on additional governor tasks.

I spent my working life on the development of new pharmaceutical products for global markets. I was heavily involved in reading, assimilating, and participating in UK pharmaceutical industry workgroups reviewing proposed UK, European and United States new legislation relating to the registration and approval of pharmaceuticals and successfully made representations to the industries regulators to make sound, scientifically sound changes to their proposals.

I have significant experience on committees, find it easy to work with all levels within an organisation and have excellent communication skills. I feel that I have the expertise, enthusiasm, passion, time and energy to make a significant contribution if elected.

Finally I am highly motivated, thrive on new challenges and have the skill that is essential in this role - common sense.

Hilary Vivienne Tetlow

Trust name: Mersey Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service user

Election Statement

As Lead Governor of MerseyCare Foundation Trust and a former owner/consultant in fashion merchandising I am well use to speaking to both executive and nonexecutive directors and chair persons of FT listed companies. I am also well versed in speaking to the workforce of these companies to seek their views. I am not afraid to bring up sensitive issues and questions in representing the prevailing views of the governing body ensuring that as many governors as possible have been able to put forward their concerns. I am active on Merseyside and beyond in the following –

- as a founding member and now Co -Chair of the Liverpool SURF (Service Users Reference Forum) for people with and carers of people with dementia who campaign to improve their rights.
- setting up a local family carers group of people with dementia
- involved in a range of patient engagement forums to influence and improve services of the Liverpool Clinical Commissioning Group
- as an invitee to the working group for the National 'tide' carers involvement network, supported by the Department of Health
- in raising awareness of the needs of carers at the National Dementia Congress and National Dementia Action Alliance Conferences
- in contributing to how the Prime Ministers Challenge on Dementia implementation will be delivered
- belong to the University of Liverpool Department of Psychology LExE (Liverpool Experts by Experience) Group helping to improve the quality of the Doctorate course

I feel with all my experience I am an excellent candidate for the Governor Advisory Committee.

Alan Thomas

Trust name: Gloucestershire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I believe I am well placed to add value to the GAC through wide experience as both an FT governor and as a contributor to the wider NHS system. Currently in my fifth year as a public governor for Gloucestershire Hospitals NHS FT, I have been Lead Governor for three years. During this time, I have led colleagues in seeing success with the sometimes intractable issue of holding NEDs to account, during a period of major turbulence within the Trust - including a serious failure in financial governance, a problematic introduction of a patient centred IT system, the potential setting up of a subsidiary company, and the prospect of major service reconfiguration. All this in addition to the 'usual' national performance issues.

Within the wider Gloucestershire health system, I serve as interim chair of Gloucestershire Healthwatch, making me well placed to see how commissioners and providers play out the STP and its ramifications, including the need for public consultations. This wider perspective has helped me to better articulate the issues raised by the Gloucestershire public and to better understand the Governor role of representing the interests of FT members.

I am well known to senior local healthcare professionals as someone who can provide an independent voice that is constructively critical when required, either as a member of a small team or as an individual – and in many confidential settings. I have demonstrated an ability to act professionally and with sensitivity, but have always been able to participate actively but constructively.

Bernard Thorpe

Trust name: Derbyshire Community Health Services NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

Bernard Thorpe has been a governor with Derbyshire Community Health Services NHS Foundation Trust (DCHSFT) for the last four years of which two years have been as the lead governor. Bernard has an eye for detail, focussing on issues at hand, thus displaying openness to different perspectives and responds to them. Bernard is able to balance being strategic and managing detail. Bernard is prepared to challenge authority, is familiar with the complexities and challenges facing the NHS and supports the DCHSFT governors in the influencing of the care to ensure that DCHSFT continues to be a leading health service. Bernard has previous organisational experiences at a senior level and in the community which has enabled him to challenge appropriately and robustly, which has helped to maintain the patient focus that the Trust is so proud of. Bernard is involved with the Lead Governor Network at which he is able to share ideas and experiences.

Maureen Todd

Trust name: The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

For the past two years it has been my privilege to serve as a Public Governor first as an elected interim appointment and now for a further three years.

It has already been a roller coaster experience - full of reality checks alongside massive opportunities - involving a Care Quality Commission Inspection, a county led Clinical Services Review and currently merger negotiations. All occurring within a national understanding that 20th century systems are not appropriate for 21st century problems including increased demand, reduced funding and higher expectations.

My previous experience as an Advisor and Inspector of schools in London across 12 boroughs meant that I was familiar with Evaluating and understanding the complexity of large institutions Holding institutions and professionals to account Influencing policy and practice Working alongside a range of stakeholders

Notwithstanding, without the consistently high quality Governor training received, the regular opportunities to be part of non clinical inspections for example, access to research and attendance at conferences, these past skills in education would not have transferred.

It has become clear to me that Governors need more than enthusiasm to make a positive difference. They need advice and examples of good practice to work better as one Body, to add value to their Trust, to enshrine their core values. I would welcome being a member of a committee whose remit is to help all Trusts and their Governors, be the best they can be for the benefit of all.

Sheila Try

Trust name: Birmingham Community Healthcare NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

I am attracted to this role as I have an interest in assisting governors to understand and be fully involved in the role. I have attended induction days for new governors to enlighten them on the role and how I adapted to the position. I have identified my own needs leading to attendance on support programmes.

Reaching the people governors represent can be problematic, for example public governors may have issues with reaching the residents of the areas they represent or staff governors reaching all the staff and as a member on this committee I can participate in facilitating this.

I have the time commitment for this role as well as the necessary skills and experiences which I have gained working in the NHS for most of my working life in both the acute and community setting, latterly in senior management roles.

After retirement I still continue to work in a voluntary capacity not only as a Governor but in my local acute trust as part of a patient's panel working with senior staff around service delivery but also undertaking patient-led assessment of the care environment inspectors (PLACE).

Team working was an important part of my working life and still is in the voluntary work I am now involved in.

As a reviewer for the Care Quality Commission and its predecessors I had to interrogate and assimilate large documents in order to take part effectively.

I would enjoy helping governors to work effectively.

Jan Whitby

Trust name: Royal Surrey County Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Jan has been a Lead Governor at the Royal Surrey County hospital for eighteen months and a public Governor since 2009. The hospital has recently made it possible for Governors to stand for additional terms (subject to a public and Governor vote) and she intends to stand for a further three years from 2018.

She has been involved in a wide variety of Governor and hospital committees during this period including:

- Patient Experience (Chair);
- Governors' Discussion Forum (Chair);
- Hospital Infection Control;
- Research, Development and Innovation;
- Nomination Committee;
- Membership and Community Involvement.

Jan was a Director of Foundation Trust Governors' Association prior to its merger into NHS Providers. She is also currently a member of the Care Quality Commission's NHS Co-Production Group and a member of a stakeholder group for the Guildford and Waverley Clinical Commissioning Group.

She is a molecular virologist and medical microbiologist. Her career included periods as Head of the U.K. Rabies Research and Diagnostics, Head of the Animal Diseases Branch in the Chief Scientist's Group and, most recently, managing the funding portfolio for the Centres of Excellence Programmes in the Wellcome Trust.

Jan is strategic, with proven analytical, organisational and interpersonal skills. She is a very experienced Board, Committee and Steering Group member/chair and a motivating and approachable leader skilled at interviewing / staff development.

Jan's became a Governor to pursue a lifelong interest in health and disease, science, biology and business and to do something stimulating and useful for the community/NHS.

Christopher Whittle

Trust name: North West Boroughs Healthcare NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

As Lead Governor at North West Boroughs Healthcare NHS Foundation Trust, I put forward my nomination for the Governor Advisory Committee for the category of Mental Health and Learning Disability.

My 6 year experience has covered a significant amount of Governor duties, including:

Chairing working groups

Appointment of NEDS and Chairman

Attending National and North West Governor meetings

Attend Service User Carer Forums

I have sound governance knowledge with a wide network and links with patients, carers and the public; I am a proactive member of the volunteer scheme which has made demonstrable improvements to patient care and the environment.

I have established links with Lead Governors at surrounding Foundation Trusts, in order to exchange ideas in improving the role of the Lead Governor.

I am passionate about the volunteer work I do for veterans and their families, improving their lives in the local community.

I am an active member of the Management Team for my local Healthwatch organisation as Champion for Mental Health and Learning Disabilities.

I always maintain a high level of professionalism, dignity and respect in the execution my duties, which I believe vital in fulfilling my role of representing governors, Trust members, patients, carers and public, in ensuring the highest standard of patient care.

I am thoroughly enjoying my time as Lead Governor, and believe my experience would enable me to contribute further as a member of the Governor Advisory Committee.

A vote for me would bring a wealth of experience and knowledge to the Committee.

Professor Peter Woolliscroft

Trust name: Kettering General Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have extensive professional and personal experience of the NHS, some good and some not so good. I would like to use this knowledge and experience to make a positive contribution on behalf of local people. I have lived in Kettering since 1980, working at the hospital as District Engineer before taking up post in London in 1989.

I have served in the public sector for most of my working life. As a Chartered Engineer, I have a strong knowledge of construction and facilities management – providing the backbone environment for NHS care. Ten years as Director of a major London Hospital, I have a strong understanding of NHS challenges and opportunities, including the staff perspective. I also learnt at first hand the real value Governors can bring.

Subsequent roles at the Department of Health, HM Treasury and with local government gave me understanding of public service issues right across the country, focused on identifying and sharing good practice, and ensuring funds were spent where it most mattered in terms of quality and safety for patients, staff and visitors.

I served as Trustee of The Patient's Association for seven years, including four years as Chair – which gave me invaluable insight into the difficulties and challenges facing patients and visitors. Having just stood down from this role, and recently having experience as an NHS patient, I now wish to committime to my own local hospital and that of supporting NHS Providers with governor support and development.



STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Governor Elections – Summer 2018
Agenda ref. no:	171816
Report to (meeting):	Council of Governors
Action required:	Information and noting
23rd	23/04/2018
Presented by:	Head of Corporate Affairs

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	No
Sustain financial viability and deliver value for money	No
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
Click here to enter text.	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy: CWP policies – policy code FR1	No
Click here to enter text.	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
The purpose of this report is to provide the Council of Governors with a brief update on the forthcoming Governor election process which is expected to commence in July 2018.

Background – contextual and background information pertinent to the situation/ purpose of the report

Governor elections are held annually to ensure a full complement of Governors for our Council. This year, we will have a total of 6 seats available as part of the election process. These currently are:-

- Public Governor Seats x 1
- Service User / Carer Seats x 2
- Staff Governor Seats x 3

It is proposed that the next election process will commence in July 2018 and will close in early September 2018. We are currently in dialogue with the Trust's Head of Procurement concerning either the re-appointment of our former provider, the Electoral Reform Services (ERS) or an alternative specialist provider to assist us in the process. In addition, the Corporate Affairs Team will be working in conjunction with our Communications Team and our lead for patient and public involvement to ensure we effectively promote the election campaign to potential governor candidates in each of our membership constituencies we serve.

Work on the campaign will also form part of the Governor Membership and Development sub-committee agenda. The wider Council are also encouraged to promote the forthcoming elections within their local constituencies.

Assessment – analysis and considerations of options and risks

It is proposed that indicative timetable for the Summer 2018 governor election process will be based on one of the following options:

	OPTION 1	OPTION 2
Nomination opens	12 July 2018	18 July 2018
Nominations close	27 July 2018	2 August 2018
Notice of poll published	15 August 2018	21 August 2018
Voting opens	16 August 2018	22 August 2018
Close of election	6 Sept 2018	12 Sept 2018
Declaration of results	7 Sept 2018	13 Sept 2018

These date are still subject to change, but will be finalised once the necessary procurement formalities have been completed and the preferred provider has been appointed.

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Council of Governors are asked note this update report and the proposed indicative timetable for the forthcoming governor election process in Summer 2018.

Who/ which group has approved this report for receipt at the above meeting?

[Click here to enter text.](#)

Contributing authors:

Distribution to other people/ groups/ meetings:

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Appendices provided for reference and to give supporting/ contextual information:

Provide only necessary detail, do not embed appendices, provide as separate reports

Appendix no.	Appendix title
Click here to enter text.	Click here to enter text.

No:	Agenda Item	Executive Lead	23/04/2018	23/07/2018	20/09/2018	29/11/2018	23/01/2019
Matters of Governance							
1	Announcements: Chief Executive Governor	Chair Lead Chief Executive Lead Governor	✓	✓	✓	✓	✓
2	2018/19 Business Cycle	Chair	✓	✓	✓	✓	✓
3	Action schedule	Chair	✓	✓	✓	✓	✓
4	Receive CoG Annual Report 2018 (Work of council, review of business cycle use and effectiveness of meetings (survey) and Governors attendance at Council meetings)	Head of Corporate Affairs				✓	
5	Receive minutes of the Scrutiny subcommittee	Chair of subcommittee	✓	✓	✓	✓	✓
6	Receive minutes of the Membership subcommittee	Chair of subcommittee	✓	✓	✓	✓	✓
7	Receive minutes of the Nominations and Remuneration Committee	Chair	✓	✓	✓	✓	✓
8	Board of Director to Council of Governor meeting	Chair	✓			✓	
9	Governor Q&A sessions	Chair	✓	✓	✓	✓	✓
Strategy and Planning							

10	Operational Plan 2018- 2019 submission	Director of Finance		✓			
11	CWP forward view planning	Director of Finance	✓	✓	✓	✓	✓
Constitutional and Compliance							
12	Receive the Trust's Annual Accounts and Auditor reports on them and the Annual Report 17/18	Director of Finance		✓			
13	Draft Quality Accounts 17/18 for Year and Agree Locally Selected Indicator	Medical Director	✓ Indicator	✓ Quality Accounts			
	Review and approval of Council policies as per review cycle	Head of Corporate Affairs	✓	✓	✓	✓	✓
	Review of Foundation Trust Constitution	Head of Corporate Affairs		✓	✓		
14	Review of Register of Conflicts of Interest for Governors	Head of Corporate Affairs		✓			
Working with Non Executive Directors							
15	Annual Senior Independent Director Led meeting and plans for Chair's appraisal	Senior Independent Director			✓		

17	Appointment of Non Executive Director (none planned 2018/19)	Chair					
Working with Members							
18	Annual Election planning	Head of Corporate Affairs	✓	✓			
19	Annual review of the Membership (Involvement) Strategy	Associate Director: Patient Experience		✓	✓		