Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
17th May 2012

TITLE	**Chairman's report on discussions with Governors**
EXECUTIVE SUMMARY	During October to December 2011 the Chairman invited all Governors for individual meetings to review progress after the first year as a Foundation Trust. In total 15 Governors took up the offer. This paper endeavours to capture the range of views expressed by the individual Governors and draws from these suggested areas for continued focus. In many respects these comments overlap with the feedback gathered by the Lead Governor during collective discussions with the Governors in 2011. Many of the issues raised are already captured in the action log circulated previously to Governors, and are being addressed.
The Council is asked to:	Discuss the findings
Submitted by:	Aileen McLeish Chairman
Date:	12th April 2012
Decision:	For Noting

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Chairman's report on discussions with Governors

1 Introduction

During October to December 2011 I extended an invitation to Governors for individual meetings to review progress after our first year as a Foundation Trust and to understand any particular concerns that Governors might have. In total 15 Governors took up the offer.

At the same time the Governors held a number of meetings to collectively review progress and Lead Governor David Frank fed back the outcome of those discussions at the Council meeting in December 2011. There is some overlap in the outcomes of both sets of discussions.

I have grouped the feedback from the individual discussions into the key points which emerged and drawn from these key areas where I would suggest we need to continue to focus.

2 Role of Governors

Overall there was a lot of positive feedback. While the role of Governors had been difficult to understand at first there was a feeling that things were developing in the right direction. Governors expressed views that they were being involved in the Trust and being listened to. The Governors' current statutory duties are being covered, and there has been some testing of the boundaries of responsibilities.

There was general endorsement of the need for a Lead Governor

There was a desire for a more proactive relationship with the Board. There is interest from the Governors in how the Board really works. Attending public Board meetings is helpful, although this only gives part of the picture.

With the new responsibilities being heralded in the (then) draft Health and Social Care Bill Governors felt they needed to be more engaged with the contributions of individual Non Executive Directors. They want to get to know the Non Executive Directors better at informal as well as formal occasions.

What about a social event? Informal governors meetings?

More frequent meetings – currently intervals between meetings are too long for some. Coffee Mornings can be formal. Can we turn into an opportunity to get to know each other better?

Council meetings – Governors want to be more active in setting the agenda. Agenda needs to match priorities. 6 monthly meetings to set the forward agenda.

Move to 3 public meetings a year plus more seminars?

For Staff Governors, there have been a range of concerns about their interaction with the Trust and how they fulfil their role. There have been a number of meetings of Staff Governors with variously the Chairman, the Deputy Chairman, the Director of Workforce and OD and the Head of Corporate Affairs to explore the particular concerns of this group and how they can be resolved. Examples of areas discussed included the

car parking consultation which was a difficult time for Staff Governors who found the experience challenging. Another area discussed was the handling of various restructurings within the Trust and the length of time it took to resolve them.

Key Learning:

- Keep balance of meetings under review
- Governors involved in agenda setting (now in place)
- Consider informal meetings to enable Governors and the Board to get to know each other better
- Enable contacts between Non-Executive Directors and Governors, so that Governors can fulfil their new responsibilities (buddies now agreed)
- Early communication and discussion with Governors of issues which could impact patients and/or staff
- Maintain separate dialogue with Staff Governors to discuss their particular concerns

3 The Trust's strategy

Many of the one-to–one discussions took place before the latest round of annual planning when the Governors had a greater opportunity to input.

Need clearer understanding of the strategy. Greater clarity. Crystal clear objectives. Concerns about the NHS jargon.

Things haven't progressed as fast as we had hoped for – need to have more focus on future plans.

Would like to see more about the Trust's improvement programmes.

Changes to Catering – Governors could have had earlier warning. It took a few attempts for reasons for the changes to be fully understood.

Pathology – needed to explain the impact from a patient perspective.

In parts of the local community the hospitals' reputation (historically negative) continues to lag behind reality. Can we learn from other Trusts?

Epsom Hospital - The Governors are being reassured about the reasons for the merger. Communications need to lead on the clinical reasons.

Is there more we can be doing more with the third sector?

Key Learning:

- Be clearer in communication of strategy and strategic plans
- Governors' meetings – keep under review the balance between operational performance and strategic plans
- Early communication and discussion with Governors of issues which could

impact patients and/or staff

- Maintain an open dialogue between the Board and Governors on strategic options for the future

4 Membership

Need to develop membership and reach out into broader community.

Need to promote ASPH and membership within constituencies – particularly in the more peripheral constituencies.

Can we find different fora for meeting members? Can we use the link with GP surgeries? Church groups? Constituency events?

Frustration at not being able to get the message across about the Trust in the peripheral constituencies.

Need help with a script.

Membership group – Communications support to this will hopefully improve.

How do we become representative of the community?

Building relationships with stakeholders – universities

Key Learning:

- Widespread desire to improve engagement with membership
- Many of these suggestions are being covered by the Membership Group

Is the Trust giving sufficient support to membership development?

5 Other

Is the Trust open and honest in its communications? Could we demonstrate more independence? E.g. learn from the Royal Brompton and their presentations at their AGM. More communication of issues. Need to steer clear of the appearance of gloss/spin.

Marketing – are there actions Governors could be involved with? Are we clear on our target audiences and have we analysed their requirements?

Governors are eyes and ears in the community – e.g. seeing old publicity and leaflets in doctors' surgeries. Governors can be proactive in changing things.

Neighbours' and friends' comments and complaints about the Trust. Direct to PALS but Patient Experience Group can pick up on trends.

Helpful if minutes are issued straight after the meeting. Minutes on the selection of External Auditor are taking a long time.

Could the Trust facilitate Governor walk-abouts to wards and departments?

Key Learning:

- Trust's communications to be open and honest
- Governors can feedback on how the Trust is seen in the community
- Share marketing strategies with Governors
- Enable Governor walk-abouts
- Prompt turn-around of minutes of meetings

Aileen McLeish
May 2012