

**Senior Governor Report
Council of Governors, 26th March 2018**

1. Changes to the Board of Directors

On 5th March the Council were notified that the Trust had accepted the resignation of Chief Executive Andrew Cannell, attached is a copy (appendix 1) of the statement circulated to Governors following a meeting of the Trust Board on Friday 9th March outlining the approved interim Executive structure. Also attached for information is a copy of the interim structure, (appendix 2).

2. Informal Council of Governors meetings / Discussion Forum

Following his appointment as Chair of the Trust, Phil Edgington has met with the Chairs of Council Committees and members of the Remuneration Committee. In future, I would like to extend the invitation to all Governors to participate in such events to improve communication opportunities between the Council and members of the Trust Board. The Council currently has two opportunities to hold discussion forums in its schedule of meetings and we would propose that we utilise these existing diary dates where possible.

In addition it is intended that my regular meetings with the Chair of the Trust will continue and I am keen that members keep in touch if they have questions.

3. NHS Providers Governor Advisory Committee elections

NHS Providers are currently holding elections for the Governor Advisory Committee. As an NHS Providers member Trust, the Council of Governors is entitled to vote in the election of eight governors to the Governor Advisory Committee (GAC).

The GAC is part of the NHS Providers organisation and works in accordance with NHS Providers' values, mission and overall objectives. The role of the GAC is to provide guidance and advice to NHS Providers in support of Councils of Governors, a copy of the role of GAC (general description) and the terms of reference are attached for information, appendices 3 and 4.

Governors are requested to review the candidate statements, appendix 5, to identify a candidate the Council would wish to support.

Voting closes at **Noon on Friday 30 March 2018.**

4. North West Governors Forum

At the recent North West Governors Forum the topics covered were:

- Good Governance “The Governor role in Holding to Account”
- CQC – “The value of the Governor perspective in assessing services”
- Collaborative Working – “The Governor role in the development of future strategy”
- Evidence Based Design – “Developing the Governor role in member engagement”

Unfortunately Governors from CCC were unable to attend. I would stress the importance of representation at such events and the benefit of opportunities such as these for networking and keeping in touch with developments within the health economy of our region.

Anybody wishing to review copies of the presentations from the day should contact Andrea Leather.

5. Clatterbridge Pharmacy Ltd (CPL) Business Development Workshop

Jane Wilkinson recently attended the CPL Business Development Workshop on behalf of the Governors. The focus of the workshop was to inform the next stage of its business planning cycle and with this in mind, a range of stakeholders were invited to discuss and explore potential opportunities for CPL.

I will invite Jane to provide a briefing at our meeting.

6. Development of the Trust Strategy

At the last Council meeting the Governors were provided with an outline of the strategy development process and the role of the CoG Strategy Committee to inform the discussions. Due to the postponement of the recent Committee meeting and to ensure that Governors are able to receive assurance over the Trust's future plans, Barney Schofield, Acting Chief Executive will provide an update regarding the strategy as part of the Acting Chief Executive report.

This report is brief, but I'm sure you are aware that further communication will be passed on to CoG members once procedures have been concluded.

Stephen Sanderson CBE
Senior Governor

Statement Monday 5th March

The Trust has today accepted the resignation of Chief Executive Andrew Cannell.

Following the discovery of an undisclosed close personal relationship with another member of the senior executive team, Mr Cannell has come to the decision that it would no longer be in the best interest of the Trust for him to continue in his role at The Clatterbridge Cancer Centre.

The Trust would like to thank him for the significant work he has undertaken during his time at The Clatterbridge Cancer Centre. He has overseen an important period of change for the organisation as part of plans to transform cancer care in the region. His vision and commitment has ensured we are able to provide the very best care for our patients both now and into the future.

We will now begin an independent investigation into the matter. The Trust has taken the decision to suspend Mr Cannell and Deputy Chief Executive Yvonne Bottomley whilst that investigation takes place; this in line with both NHS and organisational policy.

The instigation of that investigation does not relate to issues of patient care, safety or financial impropriety.

Barney Schofield, Director of Operations and Transformation, will be taking on the role of Acting Chief Executive to ensure there is no effect on the continued delivery of the outstanding cancer care our Trust is recognised for.

Barney will oversee an experienced and focused executive team consisting of:

- Joan Spencer - Acting Director of Operations and Transformation who will also provide executive oversight of planning and performance function
- John Andrews - Acting Director of Finance
- Sheena Khanduri - Medical Director, who will provide executive oversight for Information Management and Technology
- Kate Greaves will continue as Acting Director of Nursing and Quality until Sheila Lloyd commences in post on 3rd April and will provide executive oversight of Safeguarding
- Heather Bebbington, Director of Workforce and OD, who will become an executive director (non-voting).

We will be looking to add further capacity into the team where we can in the short to medium term to support the team.

The Executive Team will continue to be supported by our senior management team and all of our dedicated and passionate staff and volunteers.

As always, our focus will remain on the delivery of the highest quality care to our patients and maintaining safety and stability during this period of transition

Trust Board Members



The Clatterbridge
Cancer Centre
NHS Foundation Trust



Phil Edgington
Chair



Barney Schofield
Acting Chief Executive



Yvonne Bottomley
Deputy Chief Executive /
Finance Director



Sheena Khanduri
Medical Director



Heather Bebbington
Director of Workforce &
Organisational Development



John Andrews
Acting Finance Director



Joan Spencer
Acting Director Operations
& Transformation



Kate Greaves
Acting Director of
Nursing & Quality



Alison Hastings
Non-executive Director



Gil Black
Non-executive Director



David Teale
Non-executive Director



Prof Mark Baker
Non-executive Director



Debbie Francis
Non-executive Director





Governor advisory committee (GAC) general description

What is GAC?

The governor advisory committee (GAC) is part of the NHS Providers organisation and consists of eight elected governors, two foundation trust chairs appointed by the NHS Providers board and the NHS Providers Director of development and operations.

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.

What does GAC do?

The primary role of the GAC is to guide the work programme of those employees of NHS Providers working on the delivery of the governor support work programme. The role of the GPB is to provide guidance and advice to oversee the work of NHS Providers in support of councils of governors. Along with fellow GAC members you will be expected to read and assimilate reports, actively contribute to discussions and work as a team. You will have excellent communication skills within and beyond the committee as you represent NHS Providers and the GAC. All GAC members are expected to work to the Standards of Public Life (Nolan Principles).

How has the previous GAC added value?

Over the past three years GAC members identified areas of positive working or concerns that facilitated debate and action e.g. new articles for our governor e-newsletter, presentations at regional workshops/conferences, participation in campaigns e.g. Volunteers Week as well as commenting on our own governor satisfaction and survey results. Members also provide feedback on our resources e.g. website navigation and content, draft guidance documents so we can continuously improve our offer.

Member updates are very useful to understand what is happening in practice e.g. mergers, hospital redevelopments and to triangulate this with our own intelligence. It has also been very helpful to understand the processes and systems foundation trusts are required to go through e.g. links with the regulators in service redesign, improvements to internal processes being made e.g. simplifying the process for governors appraising NEDs, areas of concern e.g. A&E pressures, areas of varying practice e.g. governors observing audit committees and issues that are new or hot topics in national policy or in the news e.g. Sustainability and Transformation Partnerships.

Is there training involved?

NHS Providers provides induction training and support for elected candidates. Members will need to work effectively as a team. They will need to attend meetings, contribute to discussions, assimilate information and feed back from their experiences.

Who do GAC members represent?

Whilst members of the committee are nominated by their FTs, they are only expected to bring an informed view to the committee based on their NHS and governor experiences. They are not expected to specifically represent the interests of their trusts or their councils in this capacity

What is the time commitment?

The GAC meets formally four times a year and meetings typically take place at the NHS Providers offices in London. In addition there is often informal discussion with GAC members between meetings on a range of issues.

How much experience do I need?

NHS Providers is keen to develop a strong and active committee and potential members should consider carefully whether they can make the commitment alongside other priorities.

While we have not set a limit on length of governor service, we ask that councils of governors and trust staff be mindful of nominating a governor who may be approaching the end of his/her term of office and is not considering standing for re-election.



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.

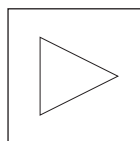
March 2017

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.



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Council of Governors – 26th March 2018

Acting Chief Executive's Performance Report

Barney Schofield – Acting Chief Executive



Overview

- **Current Performance**
 - Targets (11 months to end of Feb '18)
 - Finance (11 months to end of Feb '18)
- **Other topical issues**
 - Interim Structure
 - Key current issues
 - Impact on patient safety
 - Impact on financial performance
 - Transforming Cancer Care – New Cancer Centre
 - Cancer 62 Day Target
 - Trust Corporate Strategy Development



Current Performance: Operating Standards

Performance up to and including Month 11



The Clatterbridge
Cancer Centre
NHS Foundation Trust

	Weight	Operating Standard	Current Q3 position (NHSI)	Month 11 position	Forecast Outturn
C-Diff (cumulative for year) ¹	1.0	5	0	0 (Feb. only)	Some concerns due to Haemato-oncology inclusion. Potentially 6 total in 2017/18
62 day referral to 1 st treatment	1.0				
“Classic” ²		85%	85.6%	88.7%	Month 12 = % (as at 22/03/18)
Screening ³		90%	95.8%	-	OK
31 Day First Treatment	0.5	96%	98.9%	98.3%	OK
31 day subsequent treatment	1.0				
Chemotherapy		98%	99.1%	100%	OK
Radiotherapy		94%	99%	98.7%	OK
18 weeks (admitted) ⁴	1.0	90%	95%	93%	OK
18 weeks (non-admitted) ⁴	1.0	95%	97.6%	98.5%	OK
18 weeks (incomplete pathway)	1.0	92%	95.4%	96.3%	OK
1: There have been 5 cases attributed to CCC in 2017/18, 2: Post allocation, 3: de minimus not reached, 4: No longer a requirement					

Current Performance: Finance (to February 2018)

Delivering the Financial Plan

- ✓ Net Surplus to end Dec £3.58m (£111k above plan)
- ✓ CIP Savings £38k above plan
- ✓ Strong liquidity (£57.59m cash in the bank)
- ✓ Annual Agency Cap of £1.22m - end of Feb £417k below cap
- ✓ Trust on target to deliver forecast year-end surplus of £3.8m

However:

- Capital spend to end Dec £13.2m (£18.2m below plan) - delayed start on new hospital. Revised year end forecast £21.4m
- Annual Medical Locum target of £511k – to end of Dec £195k over plan
- Overall pay costs remain within planned budget



Interim Arrangements

- **Barney Schofield, Acting Chief Executive**

Barney will oversee an experienced and focused executive team consisting of:

- **Joan Spencer - Acting Director of Operations and Transformation** who will also provide executive oversight of planning and performance function
- **John Andrews - Acting Director of Finance**
- **Sheena Khanduri - Medical Director**, who will provide executive oversight for Information Management and Technology
- **Kate Greaves - Acting Director of Nursing and Quality** until Sheila Lloyd commences in post on 3rd April and will provide executive oversight of Safeguarding
- **Heather Bebbington, Director of Workforce and OD**, who has become an executive director (non-voting) of the Board



Trust Board Members



Phil Edgington
Chair



Barney Schofield
Acting Chief Executive



Yvonne Bottomley
Deputy Chief Executive /
Finance Director



Sheena Khanduri
Medical Director



Heather Bebbington
Director of Workforce &
Organisational Development



John Andrews
Acting Finance Director



Joan Spencer
Acting Director Operations
& Transformation



Kate Greaves
Acting Director of
Nursing & Quality



Alison Hastings
Non-executive Director



Gil Black
Non-executive Director



David Teale
Non-executive Director



Prof Mark Baker
Non-executive Director



Debbie Francis
Non-executive Director



Emerging Strategic Risks

Overview

This paper considers how the strategic risks in the Board Assurance Framework are impacted by the recent changes to the Trust executive leadership ie. the resignation and exclusion of the CEO, the exclusion of the Deputy CEO and Director of Finance during the period of an investigation and the resultant interim arrangements within the executive team.

This paper seeks to address:

- What risks on the Board Assurance Framework are impacted by the recent situation?
- How has scoring changed, what mitigations are now in place?
- Are there new risks to be added to the BAF as a result of the recent situation?

The assessment of risk has been subdivided into areas of operational risk, clinical governance risk, strategic risk, financial risk, stakeholder and reputational risk, and corporate governance risk.



Summary of Key Strategic Risk Areas

1. Regulators' confidence in recent assurance of governance processes including safeguarding resulting in exposure to regulatory concerns/action
2. Potential perceived reduced oversight of immediate clinical priorities for optimal patient care
3. Reduced staff and stakeholder confidence
4. Loss of strategic influencing capabilities including vacated SRO role in Cancer Alliance, LHP, Knowledge quarter, PPI etc
5. Management of strategic relationship with Laing O'Rourke and loss of financial control of CCC-L construction
6. Inability to invest in service development if reduced commercial capacity and capability to drive forward entrepreneurial growth through subsidiaries and JV
7. Executive oversight and support to CCC Charities
8. Financial risks if costs of interim management escalate



Operational Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
Strat Priority 5	Change in Executive Team could adversely affect the effective operational leadership capacity within the Trust, potentially affecting performance delivery	8	<ul style="list-style-type: none"> Acting DO&T supported by experienced senior management team Backfill identified via Acting ADO Key objectives clearly defined, corporate memory maintained via Acting CEO
Strat Priority 6 Ref 543	Ensuring the delivery of the transformation programme. Failure to deliver effective integration of haemato-oncology services causing clinical, performance and financial risks to CCC.	8	<ul style="list-style-type: none"> Acting DO supported by experienced and enhanced PMO Team Objectives clearly defined and in progress High level of clinical engagement Good stakeholder support.



Clinical Governance

Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
<p>New Risk Strat Priority 4</p>	<p>Potential for unannounced CQC inspection due to unplanned changes in the Trust leadership structure resulting in enhanced regulatory scrutiny and potential risk to outstanding rating or the timetable for the Well-Led Review being brought forward.</p>	<p>4x3=12</p>	<p>Preparatory action taken to include:</p> <ul style="list-style-type: none"> • Relationship meeting conducted, same to continue bimonthly with senior CQC inspector leads. • Monthly CQC insight report used to inform review of quality & risk management standards • Senior leaders focussed on patient care and patient experience • Exec visibility in clinical areas • Information for senior leaders and staff updated and disseminated • Programme of mock inspections commenced • Outstanding actions from mock inspections raised for immediate response • Policies and documents identified and prioritised for updating as required • Vision, mission and values recirculated • Trust noticeboards refreshed with current Executive Director leadership team • Processes in place to generate all required information/data requested • Preparatory work underway for the Well-Led review including: <ul style="list-style-type: none"> • Mapping key lines of enquiry from the Well-Led to the vision, strategic objectives and programmes of work • Evidence collection, where appropriate

Clinical Governance

Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
Exec 855 BAF 614 Strat Priority 1	Gaps in safeguarding processes, procedures, & adequate staffing poses a potential risk to safe patient care	3x3=9	<ul style="list-style-type: none"> • Safeguarding Exec Director is Acting DoN&Q • Safeguarding Assurance Framework reviewed & action plan produced • External review by an AD Safeguarding & by Wirral Safeguarding Lead • Task & Finish group established • Action plan agreed with NHSE & Commissioners • Additional senior nurse support in place to support interim nurse lead for safeguarding • DoN&Q attending Exec Safeguarding training • Delivery plan in place to meet NHSE 85% training compliance with PREVENT training • Safeguarding added to Quality & Safety Sub Committee cycle of business • MCA & Additional Needs audit completed & reviewed as part of Trust Quality & Risk Management Standards audit cycle • Longer term arrangements discussed with incoming DoN&Q • Interim Safeguarding expert support in place



Stakeholder and Reputational Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
572	Damage to Trust reputation, staff/stakeholder relationships and/or public confidence	3x5=15	<ul style="list-style-type: none"> On going proactive honest and transparent communications and engagement with key stakeholders Continuous media monitoring and corrective action as appropriate Internal visibility of interim exec team Feedback of issues/intelligence for response and action Proactive PR plan for positive news stories Media training for interim exec team
691	Stakeholder concern causes opposition/delay to consultation/implementation of new clinical model (particularly in the Eastern Sector)	4x3=12	<ul style="list-style-type: none"> Short set of briefing messages for key staff highlighting case for change and benefits to aid discussions Programme of targeted, proactive relationship management with key stakeholders CCC corporate communications support to any engagement/ consultation processes
New	Reputational damage and staff/stakeholder concern regarding the reasons behind any unannounced/planned CQC inspection and the resulting feedback	4x3=12	<ul style="list-style-type: none"> If asked only comment prepared Proactive open, honest and transparent communications and engagement with key stakeholders to offer reassurance over actions to be taken Continuous media monitoring and action taken to correct, clarify or respond as appropriate.

Stakeholder and Reputational Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
New	Loss of stakeholder confidence in future of/progression of capital build programme	3x3=9	<ul style="list-style-type: none">• Proactive PR plan for positive news about the build and its continued progression over the coming weeks• Launch of new look TCC website• Key stakeholder management (LO'R, KQ, UoL etc.)



Strategic Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
New	Reduced of strategic Influencing capability due to loss of experienced CEO (and vacant SRO Cancer Alliance)	3x5=15	<ul style="list-style-type: none"> Use best available alternative sources of influence in the interim exec team and Board
706	loss of corporate memory and inability to drive entrepreneurship may lead to failure to develop and implement a comprehensive research strategy and will reduce opportunities to increase patient access to clinical trials; reduce ability to attract and/or retain outstanding cancer workforce; impact on organisation reputation	3x3=9	<ul style="list-style-type: none"> Development of CCC research strategy commenced with funding identified Appointment of Director of academic Research Stakeholder engagement with key strategic partners by MD commenced (UoL, LHP) Engagement with Genomic Cancer Network to ensure appropriate oversight of NW genomic delivery for cancer and impact for CCC (Interim CEO, Deputy MD)



Financial Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
780	Loss of financial control of the major building development in Liverpool: <ul style="list-style-type: none"> • Lack of corporate knowledge leading to delays in decision making – with subsequent increase in costs • Lack of corporate knowledge leading to misjudged decision making – with subsequent increase in costs • Lack of lead Executive / manager from Trust 	5x3=15	<ul style="list-style-type: none"> • Access to PropCare senior management
169	Loss of personal influence over subsidiary companies and Joint Venture. Lack of wider corporate knowledge of PropCare & JV finances.	4x3=12	<ul style="list-style-type: none"> • Access to subsid / JV Board papers • Access to PropCare senior management
NEW	Costs of interim management requirements exceed affordability within financial plan	4x3=12	<ul style="list-style-type: none"> • Minimise reliance on high cost interim directors
34	Commissioner Contracting – no contract agreed yet for 2018/19 with Specialised Commissioning (Spec Comm) & CCGs. Loss of relationship between Deputy CEO/FD & CEO from CCC with senior officers at Spec Comm.	2x5=10	<ul style="list-style-type: none"> • On-going contact between officers at Spec Comm and CCC team. • Opportunity to move away from fixed value (block contract) if projected activity is not accepted by Spec Comm. But cost per case contract brings its own volatility risk

Financial Risks and Mitigations

New Risk / Current Risk	Risk	Risk Score	Mitigation
<i>New</i>	Loss of personal influence on potential external opportunities (e.g. Cancer Alliance, UoL, R&I)	3x3=9	<ul style="list-style-type: none">Limited financial risk to existing baseline – rather missed opportunities in the future



Transforming Cancer Care Programme

New Cancer Centre (Building for the Future)

- Construction work remains on programme
 - SW lift and stair core complete
 - First three floors - floor slabs complete
- Building handover planned for Spring 2020
- Project team continue to work with colleagues at the Royal to ensure that the delay to the handover of the new Royal does not delay our new cancer centre



Cancer 62 Days Target

- Changes to measurement of the target means CCC has more time to treat patients but takes a share of more breaches
- CCC hosted NHS England's 'Cancer Delivery Group – Next Steps' meeting on 19th February, with a view to identifying how performance can be improved Cheshire and Merseyside wide. CCC presented detailed data as well as an overview of both the internal and external challenges faced. Following the meeting, actions identified for CCC include:
 - CCC to give consideration to what support it can provide to late referring trusts such as Wirral and Warrington to facilitate speedier referral.
 - CCC to implement waiting list initiative (pending outcome of bid)
- Central themes of CCC's improvement plan:
 - See >75% of patients within 7 days of referral (now consistently exceeding this)
 - Improve tracking of patients through Radiotherapy
 - Alert local commissioners to hot spots of persistently late referrals into CCC
- Following good performance against the 62 day (post allocation) standard in Quarter 3, January 2018 performance worsened (72.7%), as many patients chose to delay treatment until after Christmas. February performance is much improved at 88.7% and we are pleased to report that March is 93.2% as at 22nd March 2018.



COUNCIL OF GOVERNORS MEETING

Agenda Item	025/18	Date: 26th March 2018
Subject /title	Chief Executive Recruitment	
Author	Andrea Leather, Corporate Governance Manager	
Responsible Director	Phil Edgington, Chair	

Executive summary and key issues for discussion

Following the resignation of the current Chief Executive, the Remuneration Committee of the Trust Board at a meeting on 9th March approved the recruitment process for the replacement.

The Constitution of The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) specifies the process for the appointment of Directors including the Chief Executive (who is the Accounting Officer).

Section 12.2.2 provides that:

“[The board is to include:]

12.2.2 the following executive Directors:

12.2.2.1 a Chief Executive (who is the Accounting Officer), who is to be appointed (and removed) by the non-executive Directors, and whose appointment is subject to the approval of a majority of the members of the Council of Governors present and voting at a General Meeting;”

Section 12.5 provides that:

“12.5 In relation to the appointment of the Chief Executive:

12.5.1 Appropriate candidates will be identified by an Appointments Committee through a process of open competition, taking account of the skills and experience required as identified by the Appointments Committee.

12.5.2 The Appointments Committee will comprise the Chair of the Trust or, if he is absent, the Vice-Chairman and two other non-executive Directors. The Chairman, or Vice-Chair, may:

12.5.2.1 invite not more than two Governors to attend meetings of the Appointments Committee for information and communication purposes; and

12.5.2.2 invite a representative from an external organisation with appropriate skills to attend meetings of the Appointments Committee and assist it in its deliberations.”

Further guidance regarding best practice can be found in the Regulator’s *The NHS Foundation Trust Code of Governance*. Sections B.2.11 to B.2.12 provide that:

“B.2.11. It is a requirement of the 2006 Act that the chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chairperson, the other non-executives directors and, except

in the case of the appointment of a chief executive, the chief executive.

B.2.12. It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.

And section B.7.3 provides that:

“B.7.3. Approval by the council of governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairperson and non-executive directors.”

Action	By Whom	By when
Preliminary review of current CEO Job description	Chair / NEDs/ Director of WOD / Acting CEO	16 March 2018
Appoint Recruitment Agency	Chair/NEDs/DoW&OD	02 April 2018
Agree suitable advertising media	Chair/NEDs/DoW&OD	09 April 2018
Agree and commence CEO recruitment process, including advertisement closing date*	Chair/NEDs/DoW&OD	09 April 2018
Short-list stage		8- 12 weeks
Agree panel and source external panel members	Chair/NEDs/DoW&OD	23 April 2018
Agree format of selection process	Chair/NEDs/DoW&OD	23 April 2018
Short-list completed by	Chair/NEDs	
Expected interview timeframe	Chair/NEDs	June/July 2018
Trust Board approval		22 nd June or 25 th July 2018
CoG approval		9 th July 2018*

* An alternative date may need to be agreed if we need to convene and Extraordinary meeting

Therefore based on the process outlined above and specifically section 12.5.2.1 of the Constitution, the Council of Governors are requested to identify two Governors, one of which should be the Senior Governor to attend meetings of the Appointments Committee for information and communication purposes.

Strategic context and background papers (if relevant)

Recommended Resolution

The Council of Governors:

- Notes the recruitment process for the appointment of a Chief Executive.
- Approves Stephen Sanderson and [to be agreed] as representatives of the Council of Governors for the Chief Executive recruitment process.

Risk and assurance

Link to CQC Regulations

Regulation 17: good governance
Regulation 18: staffing

Resource Implications																												
None																												
Key communication points (internal and external)																												
<ul style="list-style-type: none"> NHS Improvement Trust website Team Brief 																												
Freedom of Information Status																												
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> Prejudice to effective conduct of public affairs Personal Information Info provided in confidence Commercial interests Info intended for future publication 	<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>A. This document is for full publication</td> </tr> <tr> <td><input type="checkbox"/></td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td><input type="checkbox"/></td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	<input checked="" type="checkbox"/>	A. This document is for full publication	<input type="checkbox"/>	B. This document includes FOI exempt information	<input type="checkbox"/>	C. This whole document is exempt under FOI																					
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Equality & Diversity impact assessment																												
<table border="1"> <thead> <tr> <th>Are there concerns that the policy/service could have an adverse impact because of:</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td>✓</td> </tr> <tr> <td>Disability</td> <td></td> <td>✓</td> </tr> <tr> <td>Gender</td> <td></td> <td>✓</td> </tr> <tr> <td>Ethnicity</td> <td></td> <td>✓</td> </tr> <tr> <td>Sexual Orientation</td> <td></td> <td>✓</td> </tr> <tr> <td>Religion / Belief</td> <td></td> <td>✓</td> </tr> <tr> <td>Pregnancy and maternity</td> <td></td> <td>✓</td> </tr> <tr> <td>Civil Partnership and Marriage</td> <td></td> <td>✓</td> </tr> </tbody> </table> <p>If YES to one or more of the above please add further detail and identify if full impact assessment is required.</p>		Are there concerns that the policy/service could have an adverse impact because of:	Yes	No	Age		✓	Disability		✓	Gender		✓	Ethnicity		✓	Sexual Orientation		✓	Religion / Belief		✓	Pregnancy and maternity		✓	Civil Partnership and Marriage		✓
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Pregnancy and maternity		✓																										
Civil Partnership and Marriage		✓																										
Next steps																												
Appendices																												

Corporate Objectives supported by this report

Improving Quality	✓	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	✓
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	✓	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	✓
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	✓
Complaint and redress	✓	Treated fairly and equally	

COUNCIL OF GOVERNORS

Agenda Item	026/2018	Date: 26th March 2018
Subject /title	Appointment and Remuneration of the Vice Chair & Senior Independent Director	
Author	Andrea Leather, Corporate Governance Manager	
Responsible Director	Phil Edgington, Chair	
Executive summary and key issues for discussion		
<p>The Council of Governors Remuneration / Nominations Committee received a proposal with regard to the appointment and remuneration of a Deputy Chair for the Board of Directors.</p> <p>After due consideration, the Committee recommends to the Council of Governors to approve the appointment of Alison Hastings in the combined role of Vice Chair / Senior Independent Director with effect from 1st April 2018 until the end of her term of office on 31st December 2019. In line with best practice the continued appointment will be dependent on a satisfactory annual appraisal.</p> <p>It should be noted that Alison Hastings was appointed as Senior Independent Director (SID) in March 2017, and that the SID may be, but does not have to be, the Vice-Chair. As such, it is further recommended to approve the enhancement of the standard Non-Executive Director remuneration by £2,000 per annum to reflect the additional responsibilities and time-commitment required to undertake the role of Vice Chair and Senior Independent Director concurrently.</p> <p>This report seeks formal approval of the recommendations made by the Council of Governors Remuneration / Nominations Committee.</p>		
Strategic context and background papers (if relevant)		
Recommended Resolution		
<p>The Council of Governors is requested to:</p> <ul style="list-style-type: none"> • Approve the recommendation to appoint Alison Hastings in the combined role of Vice Chair / Senior Independent Director with effect from 1st April 2018 until the end of her term of office on 31st December 2019; and • Approve the recommendation to enhance the standard Non-Executive Director remuneration by £2,000 per annum. 		
Risk and assurance		
Link to CQC Regulations		
<p>Regulation 17: Good governance Regulation 18: Staffing Regulation 19: Fit & Proper person employed</p>		
Resource Implications		

Key communication points (internal and external)

Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

- Application Exemptions:**
- **Prejudice to effective conduct of public affairs**
 - **Personal Information**
 - **Info provided in confidence**
 - **Commercial interests**
 - **Info intended for future publication**

Please tick the appropriate box below:

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IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		✓
Disability		✓
Sex (gender)		✓
Race		✓
Sexual Orientation		✓
Gender reassignment		✓
Religion / Belief		✓
Pregnancy and maternity		✓
Civil Partnership & Marriage		✓

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

To notify the Council of Governors of the recommendation from the Nomination & Remuneration Committee .

Appendices

Appendix 1 – SID role description

Strategic Objectives supported by this report

Improving Quality	Maintaining financial sustainability
Transforming how cancer care is provided across the Network	Continuous improvement and innovation
Research	Generating Intelligence

Link to the NHS Constitution

Patients		Staff	
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Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

Meeting of Audit Committee 31/01/18

The Audit Committee:

- Noted and approved the schedule of losses for financial year to date totalling £4181. There are 4 items to report for the period 1st. April 2017 to 31st. December 2017:
 - As reported in the previous reports relating to a payment of £632 per quarter for an injury sustained by an employee. Total £1896
 - Loss of I-pad by member staff away on business £450 (previously reported)
 - Theft of mobile phone from gym £335 (previously reported)
 - Loss of infusion Pumps £1500
- Noted and approved the schedule of debts greater than £5000 outstanding for longer than 90 days
- Noted the current position on financial procedures, noting a major upgrade is due.

The Audit Committee received the following reports from the Internal Auditor:

- **Quality Spot Checks (Part 2) Haematology – Limited assurance**
 - Recommendations to be actioned by Jan 2018 – two High Level recommendations
- **IT Service Continuity – Limited assurance**
 - Recommendations to be actioned by End of January One High level
- **Cancer Waiting times process Review – Significant Assurance**
 - Recommendations to be actioned by December 2017
- **Financial Systems & Financial Integrity – Significant Assurance**
 - Recommendations to be actioned by March 2018
- **Carter Review - N/A (Gap Analysis)**
- Note progress to be made by Jan 2018
- Briefing notes on a variety of topical matters where the Audit Committee reviewed that that the Board was informed and action was being taken where appropriate.

The Audit Committee noted the following reports from the External Auditor:

- Confirmation that all work for 2016/17 was completed within the mandatory deadlines
- Outline planned timetable for 2017/18
- Briefing notes on a variety of topical matters where the Audit Committee reviewed that the Board was informed and taking appropriate action appropriate.

The Audit Committee received and noted a report on Cyber Security indicating progress