

<b>Report to:</b>	<b>Council of Governors</b>	<b>Agenda item:</b>	<b>7</b>
<b>Date of Meeting:</b>	<b>5 September 2018</b>		

<b>Title of Report:</b>	<b>Process for electing a Lead Governor</b>
<b>Status:</b>	<b>For Approval</b>
<b>Board Sponsor:</b>	<b>Brian Stables, Chairman</b>
<b>Author:</b>	<b>Janet Adeyemi, Membership &amp; Governance Manager</b>
<b>Appendices</b>	<b>Appendix 1- James Colquhoun Supporting Statement Appendix 2- Chris Callow Supporting Statement</b>

<b>1.</b>	<b>Executive Summary of the Report</b>
<p>The term of office of the current Lead Governor for the Council of Governors ends in December 2018.</p> <p>NHS Improvement does not set requirements in respect of the process by which a Lead Governor is appointed and it is therefore for the Council to decide this. Lead Governors are normally either appointed (through an application and interview process) or elected by the Governors.</p> <p>The Council of Governors has an approved selection process for appointing the Lead Governor as follows:</p> <ul style="list-style-type: none"> <li>• The Membership Office to seek expressions of interest for the role of Lead Governor;</li> <li>• Candidate to provide a statement setting out what they would bring to the role;</li> <li>• If there is a single nomination, the Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining;</li> <li>• If there is more than one nomination, there will be an election conducted by the Membership Office using Survey Monkey. If there is a tie in the number of votes, the Trust Chairman has a casting vote.</li> </ul>	

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss etc)</b>
<p>The Council of Governors is asked to:</p> <p>a) Approve that an election will be held in October 2018 to appoint the next Lead Governor.</p>	

<b>3.</b>	<b>Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)</b>
<p>NHS Improvement's Code of Governance requires each NHS Foundation Trust to appoint or elect a Governor as Lead Governor.</p>	

<b>4.</b>	<b>Risk (Threats or opportunities link to risk on register etc)</b>
<p>N/A</p>	

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<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
None	

<b>6.</b>	<b>Equality and Diversity</b>
It is open to all Governors to express interest in the role of Lead Governor.	

<b>7.</b>	<b>References to previous reports</b>
N/A	

<b>8.</b>	<b>Freedom of Information</b>
Public	

## Background

At the Council of Governor meeting held in June 2018, all Governors were asked to consider if they wished to put themselves forward for the role of Lead Governor and submit any expressions of interest and supporting statements to the Membership Office by Friday 3 August 2018.

The following Governors have expressed interest in the role of Lead Governor and provided a statement (see appendix 1 and 2) setting out what they would bring to the role.

- James Colquhoun ( Public Governor- South Wiltshire)
- Chris Callow ( Public Governor- North Wiltshire)

## Next Steps:

- A ballot will be used to carry out the nomination process via an anonymous survey;
- The Membership & Governance Manager will send an email/survey monkey to all Governors after the September Council of Governors meeting asking Governors to endorse James or Chris as their next Lead Governor;
- Governors must cast their vote by close of play Wednesday 31 October 2018;
- The appointment of the newly elected Lead Governor would be formally announced at the December 2018 Council of Governors meeting.

## **Appendix 1- James Colquhoun Supporting Statement**

### **Introduction**

The Council of Governors is a great cross-section of people aiming to provide sufficient 'checks and balances' to make a difference for patients and staff at the RUH. It has to maintain a separate identity from the Board of Directors but also retain some element of being a 'critical friend' towards the many complex issues surrounding a busy, acute hospital today. In particular, the voice of patients and the public has to be heard alongside the perspective of CCGs, local authorities and staff so that strategic executive decisions are mediated as a result of a more rounded discussion.

### **Values**

In addition to representing the view of our different constituencies, the CoG must also monitor the quality and quantity of challenge provided by non-executive directors in and between Board meetings. The need for seeking openness, assurance and accountability from executive directors over the vast amount of data and numerous NHS systems, continues to be a crucial component of modern culture and hospital effectiveness at a time of escalating scrutiny and costs in the public sector.

### **Change**

As governors, we could develop our role over the next few years and in parallel with the vision of organisational development currently being presented by the Executive Team. In particular, there are 4 areas where expectations could be raised leading to more dynamic impact from the CoG:

- Creating more opportunities for consultation within our constituencies so that their up-to-date opinion and sense of future priorities can be better captured and articulated.
- Taking up opportunities for improving knowledge of day-to-day realities in clinical/non-clinical work around the hospital eg ward accreditation, 15 steps, working groups etc
- Sharing more widely around CoG some of the 'heavy lifting' so that distribution is more equitable and insight more authentic leading to more active and enlightened discussion.
- Deepening the relationship between CoG and BoD whereby individuals/small groups engage in smaller scale exchanges and focus on areas without losing the need for a broad perspective.

### **Background**

With a background in leadership and governance in Comprehensive schools and some years on the Independent Monitoring Board of HMP Bristol, I have enjoyed learning a little more about the RUH over the last two years as a new member of CoG. It would therefore be a pleasure and a privilege to become Lead Governor if it is the wish of other members on this occasion.

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## **Appendix 2- Chris Callow Supporting Statement**

Thank you for taking the time to consider me to reapply for the role of lead governor of the Royal United Hospital.

I have been a public governor of RUH for three years now and also my privilege to be your lead governor for the last two. During this time I have endeavoured to fulfil the duties the role with regular meeting with Public, Staff and Stakeholder governors. I have worked with the Stake holders to persuade them to give presentations to the council of governors, worked with the Chairman to produce effective agendas, and devising a golden thread for presentations at our constituency meetings. I have learned a lot about the Trust and have had the privilege of meeting and working with some very exceptional governors. I have enjoyed meeting members in the constituency of North Wiltshire and representing our members' interests with the trust. Many of you will know that I am approachable and non- judgemental and do not shy away from asking difficult questions, or asking for clarification in areas I feel are unclear.

I am also trustee of the Wiltshire Museum based in Devizes and on the steering Committee for the Neighbourhood Plan for Devizes. These two outside roles bring skills that are useful to the Council of Governors; firstly in understanding the role of a NED; secondly, an understanding of bringing together people of different backgrounds and provide constructive criticism; finally, the ability to come up with a plan to deliver what is required for the Town of Devizes.

If you were to re-elect me as your lead governor, I believe that I will continue to develop a system within the constraints that we have, to promote a patient focused culture within the council of Governors, and improve our working with the Board of Directors.