



# **West Suffolk NHS Foundation Trust**

# Council of Governors Governance Review

A report from the Good Governance Institute

October 2022



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#### West Suffolk NHS Foundation Trust

#### **Council of Governors Governance Review**

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### **Executive Summary**

The Good Governance Institute (GGI) was asked to undertake a governance review of the West Suffolk NHS Foundation Trust Council of Governors (CoG). The review commenced in March 2022 and concluded in August 2022. During this time, the GGI team conducted eleven interviews, three focus groups, attended by sixteen governors representing all constituencies, and attended and observed a meeting of the council of governors on 29 March 2022.

This report makes eight recommendations that seek to progress the development of the CoG over the next 12 months. Key findings from the review are as follows:

- Working as a collective The trust should take the opportunity to develop a programme of continued development for all members of the council that reflect their individual knowledge, skills and experience.
- A diverse and representative council With support from the trust, the council should promote its work to the membership and agree a plan for recruitment that aims to ensure a diverse and representative CoG.
- Holding non-executive directors to account A key responsibility for the council is to hold the non-executive directors individually and collectively to account for the performance of the board. Governors should have the opportunity to observe NEDs in board committee meetings in order to witness their contribution to the conduct of the meeting and the level of challenge they present to trust executive directors.

The last two years have been an exceptional time for the NHS and West Suffolk NHS FT, a time during which the trust and the council have experienced significant change and considerable challenge. In our view, there is much to commend the CoG, the chair and the executive team for their demonstrable commitment to create an effective council.

The tasks set for governors are difficult to fulfil. There is no single model that works across the range of different types, and the scales of foundation trusts and integrated care systems (ICSs) are a new challenge. When asked to identify aspirations for the CoG over the next 12 months, governors expressed the wish to understand how the integrated care system will operate and how the CoG will participate in system working.

It is hoped the recommendations made in this report build on the progress that has been made to date and offers an opportunity for the work of the council to continue its contribution to the success of the trust.

- **R1.** Members of the CoG are at different levels in terms of their understanding of what their roles and responsibilities are. The trust should undertake a governor knowledge and skills audit to inform the governor development programme for the forthcoming year. The survey could also be an opportunity for governors to highlight specific areas of interest they have in the trust.
- **R2.** The trust should devise and deliver a comprehensive, topical and varied development programme each year reflecting the needs of the governors and the trust.
- **R3.** The trust should consider whether public governors should represent the interests of a defined geographical area within the trust's catchment area.
- **R4.** The trust should support the council to develop a recruitment strategy, giving particular attention to the female/male ratio and BME representation, among other factors.
- **R5.** The trust should review the level of support it currently provides the CoG and how this may be enhanced to ensure the council operates effectively and meets its statutory responsibilities.
- **R6.** Every foundation trust should have a Policy for Engagement between the trust board and the council of governors, which clearly sets out how the two bodies will interact with one another for the benefit of the trust.
- **R7.** Governors should have the opportunity to observe NEDs in board committee meetings in order to witness their contribution to the conduct of the meeting and the level of challenge they present to trust directors. The governor observing the meeting would be expected to report key issues discussed at the board committee meeting at the next CoG meeting.
- **R8.** The CoG should develop a clear rationale for its committee(s) and working groups and regularly revisit their effectiveness and fitness for purpose.

## 1. Methodology and scope

The main activities undertaken as part of the assessment were as follows:

• A series of interviews with members of the trust and CoG, including the lead governor, as well as those who regularly engage with the council, such as board members.

GGI conducted twelve interviews. Each participant was invited to offer their individual views and experiences of working with the trust and CoG and to suggest how the governance and effectiveness of the CoG might be enhanced. A list of those interviewed is reported in Appendix One.

Focus groups to include all CoG members

Members of the CoG were asked to complete a questionnaire based on the GGI Council of Governors Maturity Matrix. The results of the questionnaire, completed by sixteen members of the CoG, were discussed at three virtual focus group meetings. Attendees were presented with findings from the questionnaire and asked to identify action to be taken to progress the maturity of the CoG over the next twelve months. A copy of the GGI Council of Governors Maturity Matrix is included in Appendix Two.

Observation of a CoG meeting

A meeting observation provides the opportunity for GGI to witness individual member contributions and behaviours, as well as review the accuracy, brevity and clarity of meeting papers and assess the overall effectiveness of the meeting in relation to its stated terms of reference. GGI attended and observed a CoG meeting held on 29 March 2022.

Document review and research

A review of any previous external review documentation that is relevant to the assessment, CoG meeting papers and Terms of Reference (ToR), relevant trust policies and procedures, and others as agreed with the interim trust secretary.

Benchmarking

GGI has been reviewing NHS organisations for more than a decade, and we have drawn on the learning from our work with governors in a range of trusts to give credibility to our findings and recommendations.

### 2. Council of Governors Maturity Matrix

The maturity matrix to support the development and improvement of a council of governors (CoG) is a practical, developmental tool which provides a structured means of assessing performance against a range of indicators. A copy of the maturity matrix is set out in Appendix One.

Key elements and levels of progress defined in the tool are based on knowledge and evidence gained from work undertaken by GGI in the health sector in the UK, with the support from University Hospitals Birmingham NHS Foundation Trust and Heart of England NHS Foundation Trust. The matrix is intended to be used either as a framework for reflective self-assessment, or as part of an independent assessment of the effectiveness of a CoG, whether to meet statutory requirements or to provide a stock-take for other reasons.

The matrix allows progress to be assessed in a nuanced, consistent and effective way over time. For example, an initial assessment will provide a clear indicator of the relative maturity of development. The trust can then put in place a developmental programme intended to strengthen the effectiveness of the CoG over a longer period.

The matrix is structured around six themes and five levels of maturity, which represent the main building blocks of effective development and improvement of a CoG. Each level sets out statements against which an assessment can be made. These levels are progressive in terms of maturity from basic to exemplar. A single assessment is made for each theme based on an assessment of maturity.

The score, or range, indicates the level of achievement that respondents consider the CoG has currently reached. Results from the self-assessment were presented at three focus group meetings. During the focus group meetings, respondents were asked to review the results of the self-assessment for each theme and suggest what action should be taken to improve the maturity and effectiveness of the CoG.

A summary of the results from the self-assessment of each theme is set out below.

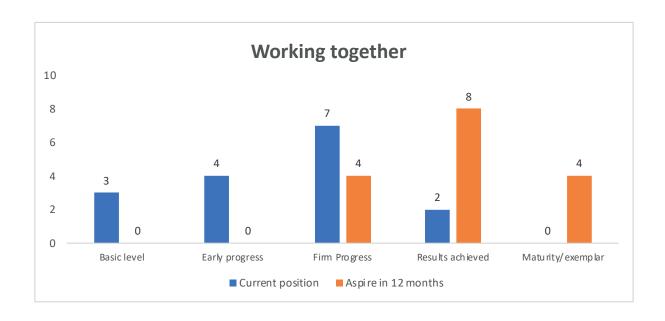
#### 2.1 Working together

The CoG is the collective body through which executive and non-executive directors explain and justify their actions. It works closely with the trust board to make sure services meet the needs of the local community. In order to operate as an effective collective, all members of the CoG should have the opportunity to reflect on their joint purpose and understand their roles and responsibilities. All members of the CoG should be comfortable working as a collective and can bring challenges where necessary and seek proactive solutions when challenges arise.

Members of the council were asked to rate and comment on the level of progress the CoG has made in the way it works as a collective and identify what action the CoG should take over the next twelve months to improve. The results of the survey are set out in Table One.

Table One: Working Together

0	Basic	Early Progress	Firm Progress	Results being achieved	Maturity / Exemplar
	Council members are familiar with one another and had both formal and informal opportunities to interact.	Council members can reflect collectively on their joint purpose and understand their roles and responsibilities.	Council members can bring challenges at formal and informal meetings and are vocal on matters concerning their duties and responsibilities.	Council members are comfortable working as a collective, bring challenges where necessary and seek proactive solutions when challenges arise.	All Council members are comfortable challenging each other and have a thorough understanding of their duties and responsibilities. They are vocal and proactively involved in the wider life of the trust.



- The pandemic prevented the CoG meeting in-person. Governors have not yet been able to get into the organisation, walk around, meet patients, meet staff and get a feel for what is going on.
- At times, some governors said they felt isolated. The trust and the CoG need to start working together as a team, get to know and work to understand each other.
- Virtual meetings work well for training and briefing events and attendance at such events has increased during the pandemic. Where there is a need for discussion and debate it is better to hold those meetings in person. For members of the council that have other commitments, the use of virtual meetings has enabled access to more meetings.
- Members of the CoG are at different levels in terms of their understanding of what their roles and responsibilities are.
- Some governors questioned how the council could operate as a collective and build consensus during a virtual meeting when it can be difficult to ensure all members have the opportunity to be heard.
- Informal meetings between governors and NEDs before the pandemic were very useful and governors welcomed the opportunity to reestablish those meetings when it was safe to do so.
- Governors commented the organisation had gone from being a trust that was recognised externally as having great strengths, to a trust that has huge challenges.
- The trust needs to do more to recognise and value the skills, knowledge and experience that all governors bring to the council. The trust needs to nurture the potential that all governors have to offer, and in doing so, they will become more effective in meeting their statutory roles and responsibilities.
- The council needs to be more proactive and more involved in decisions being taken by the trust. Some governors felt the trust did not provide enough opportunity for all governors to ask questions and feel they have been heard.
- Governors need to be kept more informed. Governors act as an interface between the community and the trust. For example, governors stated; how can governors represent the interests of the communities they represent if the trust does not keep its governors as informed as they should?
- New governors had a two day online induction. The monthly briefings have been particularly helpful.
- The trust has facilitated training and development for its governors over the course of the last year using materials and resources from NHS Providers. The trust received good feedback from governors.
- Collective responsibility and collective behaviours are very important.

- R1. Members of the CoG are at different levels in terms of their understanding of what their roles and responsibilities are. The trust should undertake a governor knowledge and skills audit to inform the governor development programme for the forthcoming year. The survey could also be an opportunity for governors to highlight specific areas of interest they have in the trust.
- R2. The trust should devise and deliver a comprehensive, topical and varied development programme each year reflecting the needs of the governors and the trust.

#### 2.2 Council Size and Agility

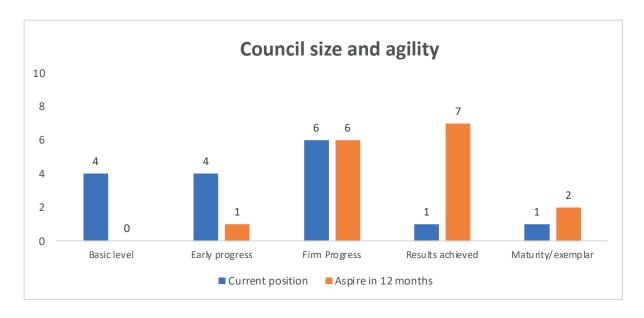
NHS foundation trusts were created with a governance structure designed to ensure that people from the communities served by the trusts can take part in governing them. NHS foundation trust governors are the direct representatives of local communities. Governors do not manage the operations of the trusts; rather, they challenge the board of directors and hold the non-executive directors to account for the performance of the board. Governors also represent the interests of NHS foundation trust members and the public, and provide them with information on the trust's performance and forward plan.

The Health and Social Care Act 2012 specifies that publicly elected governors must form a majority on the CoG. There must be at least three staff governors and one governor appointed by a local authority. The composition of the council of governors is decided locally by a trust whilst ensuring that the balance of staff, public and appointed governors is maintained. The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The trust's CoG is represented by twenty-six governors, fourteen public governors, five staff governors and seven appointed governors from partner organisations. A CoG should have an appropriate level of representation where every member is felt to add value and there is sufficient capacity for effective decision making from appointed and elected governors.

Members of the council were asked to rate and comment on the level of progress made by the council to review its size and agility and identify what action the CoG should take over the next twelve months. The results of the survey are set out in Table Two.

Table Two: Council size and agility

0	Basic	Early Progress	Firm Progress	Results being achieved	Maturity / Exemplar
	The council has been established as a collective.	The council has given thought to how public and appointed governors are split and represented.	The council has reflected on the implication of size on decision- making and found an appropriate ratio of representation.	The council has reached an appropriate level of representation where every member is felt to add value.	The council's size falls within the sector average. There is a dedication to community representation and effective decision-making from both appointed and elected governors.



- A working group reviewed the size of the CoG and level of representation as part of a review of the trust's constitution.
- The present size of the CoG is considered to work well where every member has the opportunity to participate.
- Governors knew of other trusts with much larger councils who often find it difficult to reach a consensus of opinion as a CoG.
- When a governor is elected they stand as a public governor, not as a governor for a specific area.
- Historically, most of the staff governors have had a clinical background and corporate services have been under-represented. The council needs a greater breadth of representation from all staff groups in the trust.

R3. The trust should consider whether public governors should represent the interests of a defined geographical area within the trust catchment area.

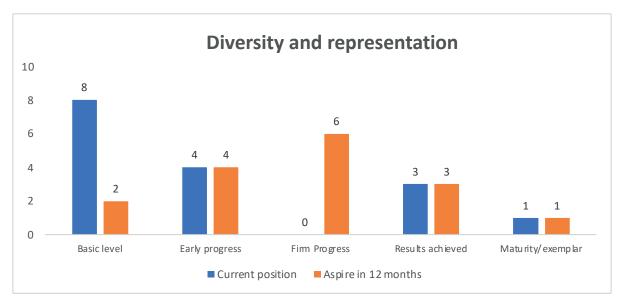
#### 2.3 Diversity and representation

The council should recruit and retain a diverse membership with consideration of the female/male ratio and ethnic minority representation that reflects the cultural and ethnic diversity of the communities the trust serves.

Members of the council were asked to rate and comment on the level of progress made by the council to develop a diverse and representative membership and identify what action the CoG should take over the next twelve months to review the size and composition of the CoG. The results of the survey are set out in Table Three.

Table Three: Diversity and representation

0	Basic	Early Progress	Firm Progress	Results being achieved	Maturity / Exemplar
	The council recruits members from its pool of applicants.	The council has thought about, and is actively developing, its wider recruitment strategy, including age, gender, and BME-related representation.	The council has developed its recruitment strategy, giving particular attention to the female/male ratio and BME representation among other factors.	The council can recruit and retain diverse members of the community.	The council has reached a level of representation and diversity that is roughly representative of the community it serves.



- The trust is due to appoint three non-executive directors in September and it is hoped that there is an opportunity to increase the levels of diversity and likewise, there needs to be a greater level of diversity within the CoG.
- There is a genuine question as to what extent the CoG is representative of the trust's population across a whole list of demographics, whether that is ethnicity, age, disability status and so on. More needs to be done in the longer term to improve the public's awareness of what governors do and to improve the diversity of the council.
- The trust needs to do more to promote the role of governors in the trust and the work they do to represent their communities.
- The process of appointing governors relies on members putting their names forward. The trust and the council need to broaden the visibility of governors and their role by any means possible. This must be a priority for the engagement committee.
- The trust is due to upload the profile and pictures of its CoG on the public website.
- Greater engagement with members of the public will help to raise awareness of the role of governors in the trust.
- The council is said to be poor on diversity and could do better. It is considered by some to be a poor excuse to say the council reflects its community.
- The trust does not have a diverse enough group of non-executive directors or CoG. There needs to be a particular focus on how the trust recruits governors at the next round of governor appointments. The trust should target ethnic communities around the west of Suffolk. For example, we heard that the local population has areas of Filipino and Portuguese communities. Some of these minority groups work in the trust.
- The trust needs to consider how it can recruit more working age governors and encourage younger people to become involved in the work of the CoG, for example, working with West Suffolk College. People wishing to stand as a governor should be informed of the level of commitment that is required to fulfil the roles and responsibilities of a governor.
- Whilst it is noted that West Suffolk is largely a white community. That does not mean the trust should not
  engage with all members of the community, especially those groups that are hard to reach. If the council
  is to encourage people to stand as governors, it needs the support of the trust to promote the work of
  governors and the council.

R4. The trust should support the council to develop a recruitment strategy, giving particular attention to the female/male ratio and BME representation among other factors.

#### 2.4 Public and membership engagement

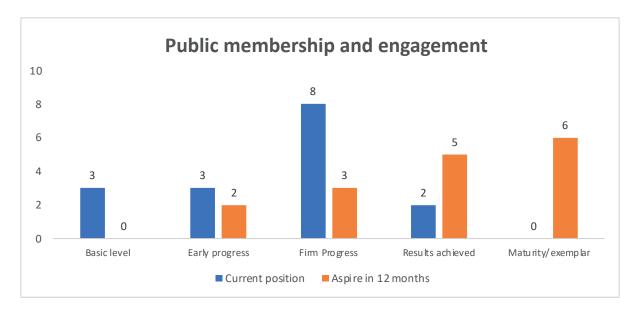
Robust governance structures that encourage proper engagement with stakeholders and strong local accountability will help foundation trusts to maintain the trust and confidence of the people and communities that they serve. The role of the CoG is to work alongside the board of directors holding non-executive directors to account for the performance of the board. The council also has a statutory duty to represent the interests of the trust members who elected them and the public. To be able to meet its statutory responsibilities, there must be effective engagement between the council and those it represents, the members and the public. This must be a two-way process:

- from governors to public members, staff and the general public, in order to raise awareness of the role of governors, provide updates on the work being done and the outcomes achieved and to encourage membership growth and involvement.
- to governors from staff and public members, and the general public, in order to provide intelligence which will then be used to facilitate governor challenge of non-executive directors, to inform the board and provide insights to inform service development opportunities.

Members of the council were asked to rate and comment on the level of progress the CoG had made to engage with its membership, staff and the general public and the level to which the CoG should aspire over the next twelve months. The results of the survey are set out in Table Four.

Table Four: Public and membership engagement

0	Basic	Early Progress	Firm Progress	Results being achieved	Maturity / Exemplar
	The council is aware of the need to engage with staff, patient membership and the wider public and stakeholders.	The council holds annual or bi-annual events to raise visibility and attends local and community events where appropriate.	The council has started developing an engagement strategy, thinking of creative ways to interact with its membership and the wider public.	The council has developed a sustainable engagement strategy that allows governors to interact with its membership and the public (including attending ward rounds, meeting staff and attending community and stakeholder events).	The council has a sustainable and long-term engagement strategy that has attracted diverse membership and a steady flow of candidates for prospective governors. Governor profiles are known to the community and stakeholder organisations.



- The pandemic has prevented the council from holding events with its membership and the wider public.
- A lot of the mechanisms for engagement are based on the membership and the membership is based on the users of the hospital so, by definition, that is not representative of the local population. There is a need to look outside its membership.
- The ICS offers an opportunity for a systems approach to engagement that would include local authorities and other system partners.
- The Medicine Matters Meetings were enormously successful and well attended.
- A way to help people engage better is to hold focus groups to co-produce strategies with the trust.
- There are five staff governors and around 4,500 staff. Despite support received in the past from colleagues in the community, it can be difficult to represent all staff groups.
- There is a whole programme of work that the trust has branded as the future systems programme. It is not just about a new hospital; it is about a new pattern of healthcare provision that properly utilises or delivers healthcare within a community setting. It is a multi-year programme. The trust needs to get the community involved and governors are an important part of that. The trust has governor representation on working groups for the future system programme, and there are regular updates where the programme director comes and talks to the governors.
- The CoG engagement committee has a new chair. The council is working to provide more information about governors and the work they do on the trust's website.

- The trust should continue to provide support to assist the CoG with promoting the work of the council and promoting engagement with the membership.
- Despite providing governor profile information to the trust in February this year, governors are still waiting for the trust website to be updated to advise of governor profiles and the work they undertake.
- A small minority of governors expressed the opinion that the communications team did not understand
  or sufficiently support the work of the CoG. The CoG cannot progress the work for which it is responsible
  without the support of the trust's communications team. However, it was stated that the director responsible
  for communications was very supportive.

R5. The trust should review the level of support it currently provides the CoG and how this may be enhanced to ensure the council operates effectively and meets its statutory responsibilities.

Examples of support required include the following:

- Updating the trust website to include biography/profile information for each governor, in order that each governor's profile is known to community and stakeholder organisations.
- Supporting the planning and delivery of member and public events.
- Keeping governors informed on matters developing in the trust that may become subject to wider public interest.

#### 2.5 Engagement with the non-executive directors

There is no one "right way" to hold non-executive directors to account and local approaches are emerging that include:

- appointing or removing the chair, non-executive directors or auditors
- questioning non-executive directors on how the board is delivering on the goals identified in the forward plan
- inviting members of the board to meetings of the council of governors to answer questions

The following are key principles that should guide a governor's understanding of what it means to hold non-executive directors to account:

- The overall responsibility for running an NHS foundation trust lies with the board of directors.
- The council of governors is the collective body through which the directors explain and justify their actions, and the council should not seek to become involved in running the trust.
- Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct.
- Directors are responsible and accountable for the performance of the foundation trust; governors do not take on this responsibility or accountability. This is reflected in the fact that directors are paid while governors are volunteers.

To hold the non-executives individually to account:

- Receive performance information for the chair and other non-executive directors as part of a performance appraisal process, as well as to inform decisions on remuneration terms for the chair and the other non-executive directors.
- Observe the contributions of the non-executive directors at board and committee meetings and during meetings with governors.

To hold the non-executive directors collectively to account:

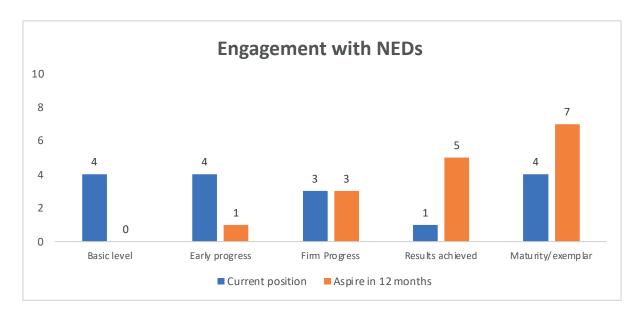
- Receive the quality report and accounts and question the non-executives on their content.
- Ask about the CQC's judgements on the quality of care provided by the trust.
- Receive in-year information updates from the board of directors and question the non-executives on their content, including the performance of the trust against the goals of the forward plan.

- Invite the chief executive and/or other executive and non-executive directors to attend council of governors meetings as appropriate and use these opportunities to ask them questions.
- Engage with the non-executive directors to share concerns, such as by way of joint meetings between the council of governors and non-executive directors.
- Receive information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and question the non-executives on the board's decision-making processes, and then, if satisfied, approve the proposal.
- Receive information on documents relating to non-NHS income, in particular, any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more and question the non-executives on the board's decision-making processes; then, if satisfied, approve the proposal.

Members of the council were asked to rate and comment on the level of progress the CoG had made engaging with non-executive directors and the level to which the CoG should aspire over the next twelve months. The results of the survey are set out in Table Five.

Table Five: Engagement with the non-executive directors

0	Basic	Early Progress	Firm Progress	Results being achieved	Maturity / Exemplar
	The governors have met the NEDs in formal settings or meetings.	The governors can interact with the NEDs informally (during ward rounds or Q&A events), and they also work together in formal settings during council meetings. Governors are invited and encouraged to attend subcommittees of the board.	The governors engage with the NEDs both in formal and informal settings. They interact with the NEDs in formal meetings of the council and attend sub-committees of the board.	The governors can engage with the NEDs, collectively and individually, and are able to bring challenges when necessary.	The governors have a professional working relationship with the NEDs and feel comfortable challenging them on matters relating to board effectiveness.



- Prior to the pandemic, the trust held quality walkabouts every Tuesday morning where a governor, a non-executive and an executive director would visit an area in the organisation and share reflections after the visit. It was a valuable and valued activity that needs to be started again.
- Governors do not have the opportunity to observe NEDs in board committee meetings and therefore it is
  difficult to take a view as to their contribution to the conduct of the meeting and the level of challenge they
  present to trust directors.
- Governors need to have the information in their hands in order to challenge NEDs. In the past, governors have not always received the information they need; however, it is reported to be getting better.
- The trust needs to engage with its governors, make use of their skills and experience and engage with them so they may collectively and individually bring challenge when necessary.

R6. Every foundation trust should have a Policy for Engagement between the trust board and the council of governors, which clearly sets out how the two bodies will interact with one another for the benefit of the trust.

The purpose of a policy for engagement is to:

- Clarify the respective roles and responsibilities of the board and the council of governors and describes the information flow between the two groups.
- Describe the involvement of governors in forward planning, and the role they play in respect of holding non-executive directors to account.
- Set out a process should governors have a concern about the performance of the board, ensuring compliance with the licence or the welfare of the trust.
- Describe the process should governors have significant concerns about the performance of the chair or non-executive directors.
- R7. Governors should have the opportunity to observe NEDs in board committee meetings in order to witness their contributions to the conduct of the meeting and the level of challenge they present to trust directors. The governor observing the meeting would be expected to report key issues discussed at the board committee meeting at the next CoG meeting.

#### 2.6 Council of governors' committees

Trusts and governors may choose to have working groups and sub-committees on which governors may sit to help in specific areas of work, such as audit and finance, recruitment, patient experience and membership committees. The full council should set the terms of reference of such working groups and sub-committees, including how governors are elected or appointed to the group. The council of governors has no power of delegation, so governor working groups and committees can make recommendations to and advise the full council but cannot make decisions on its behalf.

Some trusts have found it helpful to set up a variety of governor working groups where governors can contribute and add value. It is up to each NHS foundation trust to decide which governor working groups it would like to have in place and which topics these cover. Examples of groups some trusts have included:

- clinical quality
- membership strategy and engagement
- strategic planning and policy
- patient experience
- auditor appointment

Members of the council were asked to rate and comment on the level of progress the CoG had made with setting up and running sub-committees and working groups, and the level to which the CoG should aspire over the next twelve months. The results of the survey are set out in Table Six.

Table Six: Council of governor committees

0	Basic	Early Progress	Firm Progress	Results being achieved	Maturity / Exemplar
	The council has reflected on the effectiveness of committees and working groups in achieving its aims.	The council has set up committee(s) and working groups where necessary.	The council has set up committee(s) and working groups where necessary, considering the best use of the governors' time (including attending board sub-committees and community events).	The council has committee(s) that are closely in line with governors' duties. Working groups (where they exist) complement the wider duties and development of governors.	The council has a clear rationale for its committee(s) and working groups and regularly revisits their effectiveness and fitness for purpose.



- Every member of the CoG should have the opportunity to attend and participate in a committee of the CoG. All governors should be given the opportunity to observe the board and committees of the board.
- The monthly briefing sessions are relatively new, but they have been very worthwhile and a welcome addition to helping governors understand the trust. It is understood the briefing sessions will continue on a bi-monthly basis.
- Staff governors have their own informal meeting with the trust. The meeting is attended by the director of workforce and communications, and the lead governor, who reports back to the CoG.
- The ICS is at the developmental stage. There should be room for CoG representation on the integrated care partnership (ICP). CoG representation on the ICP can report back to each CoG and the alliances where the community engagement is.
- One governor sits on the ICP for Suffolk County Council (SNI/SNEE) and would be happy to take forward action to arrange CoG representation on the ICP.
- The CoG has a good range of committees with good representation on them. The committees of the CoG are effective; however, the CoG should review their effectiveness and fitness for purpose.
- Informal working groups that focus on specific projects, for example, the West Suffolk Review, offer an opportunity for governors to get involved in work alongside hospital staff and other patient and service user representatives.

R8. The CoG should develop a clear rationale for its committee(s) and working groups and regularly revisit their effectiveness and fitness for purpose.

### 3. Aspiration for the role of the council of governors

When asked to identify aspirations for the CoG over the next twelve months, the following comments were made:

- "The council of governors need to be active in developing their individual and collective understanding of the ICS at each stage of progression. A starting point could be a specific agenda item at each council, perhaps with an update presentation of key developments."
- "Governors should be able to contribute to the ICS and make suggestions as to the way integrated care can work in the community."
- "There is a lack of clarity on where the council of governors sits in relation to the ICS. Will its input be significant?"
- "I would like to meet other CoGs across the ICS and share ideas to ensure the ICS is fully engaged with its CoG representatives and their role in the organisation's development to a full ICS and beyond."
- "I would like to see representation from the CoG on ICS boards/committees. At the very least, we should be able to observe them."

All comments focused on how the trust will support the CoG in developing its understanding of the ICS, how it will operate and what role the CoG will play in its future development and work.

# **Appendix One**

#### Interviews:

- Jeremy Over Executive Director of Workforce and Communications
- Clive Wilson Public Governor
- Louisa Pepper Non-Executive Director
- Craig Black Interim Chief Executive Florence Bevan Public Governor
- Alan Rose Non-Executive Director
- Richard Davies Non-Executive Director
- Jude Chin Interim Chair
- Chris Lawrence Non-Executive Director
- Liz Steele Public Governor
- Ben Lord Public Governor

#### Observations:

Council of Governors Meeting (March 2022)

#### Documentation reviewed:

- West Suffolk Review Report
- West Suffolk Review Terms of Reference
- WSR Ministerial Statement
- FTSU Review Summary for the Private Board
- Governors Work Programme 2022-2023
- WSFT Constitution December 2021

# **Appendix Two**



COUNCIL OF GOVERNORS MATURITY MATRIX

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PROGRESS LEVELS	0 2	1 BASIC LEVEL	2 EARLY PROGRESS	3 FIRM PROGRESS	4 RESULTS BEING ACHIEVED	5 MATURITY/EXEMPLAR
KEY ELEMENTS						
WORKING TOGETHER		Council members are familiar with one another and had both formal and informal opportunities to interact.	Council members are able to reflect collectively on their joint purpose and have an understanding of their roles and responsibilities.	Council members are able to bring challenge at formal and informal meetings and are vocal on matters concerning their duties and responsibilities.	Council members are comfortable working as a collective, bring challenge where necessary and seek proactive solutions when challenges arise.	All Council members are comfortable to challenge each other and have a thorough understanding of their duties and responsibilities. They are vocal and proactively involved in the wider life of the Trust.
COUNCIL SIZE AND AGILITY		The Council has been established as a collective.	The Council has given thought to how public and appointed governors are split and represented.	The Council has reflected about the implication of size on decision-making and found an appropriate ratio of representation.	The Council has reached an appropriate level of representation where every member is felt to add value.	The Council's size falls within the sector average. There is a to community representation and effective decision-making from both appointed and elected governors.
DIVERSITY AND REPRESENTATION		The Council recruits members from its pool of applicants.	The Council has thought about and is actively developing its wider recruitment strategy including age, gender, and BME-related representation.	The Council has developed its recruitment strategy, giving particular attention to the female/male ratio and BME representation among other factors.	The Council is able to recruit and retain diverse members of the community.	The Council has reached a level of representation and diversity that is roughly representative of the community it serves.
PUBLIC AND MEMBERSHIP ENGAGEMENT		The Council is aware of the need to engage with the staff and patient membership and the wider public and stakeholders.	The Council holds annual or bi-annual events to raise visibility and attends local and community events where appropriate.	The Council has started developing an engagement strategy, thinking of creative and ways to interact with its membership and the wider public.	The Council has developed a sustainable engagement strategy that allows Governors to interact with its membership and the public (including attending ward rounds, meeting staff, attending community and stakeholder events).	The Council has a sustainable and long-term engagement strategy that has attracted diverse membership and a steady flow of candidates for prospective governors. Governors' profile is known to community and stakeholder organisations.
ENGAGEMENT WITH THE NEDs		The Governors have met the NEDs in formal settings or meetings.	The Governors are able to interact with the NEDs informally (during ward rounds or Q&A events), they also work together in formal settings during Council meetings. Governors are invited and encouraged to attend sub-committees of the Board.	The Governors engage with the NEDs both in formal and informal settings. They interact with the NEDs in formal meetings of the Council and attend sub-committees of the Board.	The Governors are able to degage with the NEDs, collectively and individually, and are able to bring challenge when necessary.	The Governors have a professional working relationship with the NEDs and feel comfortable to challenge them on matters relating to Board effectiveness.
CoG COMMITTEES ▶		The Council has reflected on effectiveness of committees and working groups in achieving its aims.	The Council has set up committee(s) and working groups where necessary.	The Council has set up committee(s) and working groups where necessary taking into account the best use of Governors' time (including attending Board sub-committees and community events).	The Council has committee(s) that are closely in line with Governors' duties. Working groups (where they exist) complement the wider duties and development of governors.	The Council has a clear rationale for its committee(s) and working groups and regularly revisits their effectiveness and fitness for purpose.



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