











Torbay and South Devon NHS Foundation Trust
Council of Governors

Meeting being held via MS teams
3 February 2021 14:00 - 3 February 2021 15:30

AGENDA

#	Description	Owner	Time
1	OPENING MATTERS		14:00
1.1	Chairman's welcome and apologies for absence To note	Chair	
1.2	Declarations of interests To note	Chair	
2	BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING		
2.1	Minutes of Council of Governors' meeting held on 4 November 2020 (enc) To approve  02.1 - 2020.11.04 DRAFT CoG minutes.V.2.pdf 7	Chair	14:05
2.2	Matters arising not covered elsewhere on the agenda To receive	Chair	
3	BUSINESS REPORTS		
3.1	Chairman's report (verbal) To receive	Chair	14:10
3.2	Chief Executive's report (enc) To receive  03.2 - Chief Executive's COG report.pdf 17	Chief Executive	14:20
3.3	HIP2 Update To receive	Deputy Chief Executive and MD Lead for Devon STP	14.40
4	NON-EXECUTIVE DIRECTOR REPORTS		
4.1	Non-Executive Director Committee Reports (enc) To receive		15:00
4.1.1	Audit Committee (verbal)	Mrs S Taylor	

#	Description	Owner	Time
4.1.2	Quality Assurance Committee (verbal)	Mrs J Lyttle	
4.1.3	People Committee (verbal)	Ms V Matthews	
4.1.4	Finance, Performance and Digital Committee (verbal)	Mr P Richards	
4.1.5	HIP2 Redevelopment Committee (verbal)	Mr C Balch	
5	GOVERNANCE REPORTS		
5.1	<p>Appointment of Lead Governor and Deputy Lead Governor (enc)</p> <p>To approve</p> <p> 05.1 - Appointment of Lead Governor and Deputy L... 19</p>	Chairman	15.10
5.2	<p>Company Secretary's Report (enc)</p> <p>To receive</p> <p> 05.2 - CoG company secretary's report.pdf 21</p> <p> 05.2a - Appendix 1 - NHSP Governor Advisory Co... 27</p> <p> 05.2b - Appendix 2 - CoSec report 2021 Workplan.... 57</p>	Company Secretary	15:15
5.3	<p>Chair's Report Membership Committee 12 January 2021 (enc)</p> <p>To receive</p> <p> 05.3.1 - Membership Committee Report of 12.01.20... 59</p>	Chair, Membership Committee	15.20
6	GOVERNOR ENGAGEMENT		
6.1	<p>Feedback and questions from Members and Governors including Governor Communications Log (enc)</p> <p>To receive</p> <p> 06.1 - Cover sheet - Feedback and Questions from... 61</p> <p> 06.1b - Appendix 1 - Governor questions.pdf 63</p> <p> 06.1c - Appendix 2 - 2021-01-20 TSDFT Gov Com... 65</p>	Chair	15:25
7	CLOSING MATTERS		
7.1	Any other business	Chair	
7.2	Close of meeting	Chair	15:30*

#	Description	Owner	Time
	<p>Details of 2021 Council of Governors' meetings (all 14:00-16:00): 5 May, 4 August, 3 November.</p> <p>For information</p>		
	<p>*A private meeting for Governors will take place at 15:30</p>		
	<p>Executive Directors, Non-Executive Directors and members of the public please leave the meeting at this point</p>		

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MINUTES OF THE COUNCIL OF GOVERNORS MEETING

HELD ON 4 NOVEMBER 2020 AT 2PM

VIA MICROSOFT TEAMS VIDEO-CONFERENCE

Present

* Nicole Amil	* Richard Ibbotson (Chair)	* Craig Davidson
Carol Day	Derek Blackford	* Eileen Engelmann
* Lorraine Evans	* Chris Edwards	* Annie Hall
Steven Harden	* Gary Goswell-Munro	* Lynne Hookings
* Barbara Inger	Jonathan Hawkins	* John Kiddey
* Mary Lewis	Michael James	Rosemary Rowe
* Jonathan Shribman	Cristian Muniz	* Andrew Stilliard
* Elizabeth Welch	* John Smith	

* denotes member present / () = present for part of meeting

In attendance

(Liz Davenport)	Chief Executive	(CE)
Ian Currie	Medical Director	(MD)
Judy Falcão	Director of Workforce and Organisational Development	(DWOD)
(Rob Dyer)	Deputy Chief Executive	DCE
Adel Jones	Director of Transformation and Partnerships	(DTP)
Deborah Kelly	Chief Nurse	(CN)
Dave Stacey	Chief Finance Officer	(CFO)
Chris Balch	Non-Executive Director	(CB)
Jacqui Lyttle	Non-Executive Director / Senior Independent Director	(JL)
Vikki Matthews	Non-Executive Director	(VM)
Paul Richards	Non-Executive Director	(PR)
Robin Sutton	Non-Executive Director	(RS)
Sally Taylor	Non-Executive Director / Vice Chair	(ST)
Jon Welch	Non-Executive Director	(JW)
Jane Downes	Company Secretary	(CoSec)
Sally-Ann Reay	Membership Manager and minute taker	(MM)

1. OPENING MATTERS

1.1 Chairman's welcome and apologies for absence

Apologies for absence were received from Mike James, Carol Day and John Harrison, Chief Operating Officer. The Chairman explained a change in order to the agenda so that Rob Dyer could step away earlier, due to urgent work pressures.

1.2 Declarations of Interests

There were no declarations of interests.

2. BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS' MEETING

2.1 Minutes of Council of Governors' meeting held on 5 August 2020

The minutes of 5 August 2020 were approved as a true record of the meeting.

2.2 Matters arising not covered elsewhere on the agenda

There were no matters arising.

3. BUSINESS REPORTS

3.1 Chairman's Report

The Chairman provided the following verbal report:

Annual Staff Heroes Award Ceremony – Chairman advised that both the Chief Executive and himself had joined this virtual award ceremony to acknowledge the extraordinary efforts put in by staff over the pandemic period, both within the community and acute site. The effort and commitment shown had been very humbling and it was a pleasure to announce the awards.

Digital Update – Chairman reported on progress moving the digital approach forward, with the added impetus that the Royal Devon and Exeter NHS Foundation Trust (RD&E) had gone live with their new computer system (EPIC).

Health Infrastructure Plan (HIP2) – This programme was now gathering momentum and Chris Knights had joined as the HIP2 Programme Director, bringing significant experience and vigour to the Trust plans.

Meetings with RD&E Trust – The Chairman and Chief Executive had met recently with their counterparts at RD&E to discuss networking opportunities and a North, South, East Devon system approach.

ICS Partnership Board – Chairman reported on the meeting held that morning.

Governor Network Meetings – Chairman thanked Governors for their commitment to these meetings and he felt they were a useful forum.

Well-led Governance and Leadership Review – Chairman thanked those Governors who had engaged with the well-led review process that was being externally facilitated by Deloitte LLP.

3.2 **Chief Executive's Report**

Chief Executive suggested altering the agenda order to allow more time for debate with Governors after the formal governance matters were completed. The Non-Executive Reports would therefore be taken first.

4. **NON-EXECUTIVE DIRECTOR REPORTS**

4.1 **Non-Executive Director Committee Reports**

4.1.1 **Audit Committee**

Mrs Taylor reported on the recent Audit Committee meeting and the key discussions that had taken place regarding the following items;

- Review of the Board Assurance Framework and Corporate Risk Register
Annual Reports of the SIRO and the Quality Account
- Adult Social Care Debt Report
- Reports from the internal auditor and external auditor
- Governance: approval of the Conflicts of Interest Policy, review of the Committee's Terms of Reference and the Committee self-assessment.

Governors noted the report on the work of the Audit Committee.

4.1.2 **Quality Assurance Committee**

Mrs Lyttle advised that since the last meeting, workplans had been devised on how to get Trust back to business as usual. A deep dive had been undertaken on diagnostics and follow-up appointments. An excellent report had been received on Children and Family Health Devon which outlined some risks, with more being demand during Covid with regard to adolescent mental health services.

A refresh of the Quality Strategy was ongoing with new metrics to be established which Governors would be advised on in due course.

Governors noted the contents of the report on the work of the Quality Assurance Committee.

4.1.3 **People Committee**

Mrs Matthews, reported on the 24 August 2020 Committee meeting where the primary focus had been on the development of the People Plan, and the

alignment of the Trust's Plan with the National Plan. The meeting had therefore focused around a number of presentations by the Workforce and Organisational Development team and as such a number of other items had been deferred. Reflections had since taken place on this approach, which had also been picked up by the Governor Observer, Chris Edwards and a useful post-meeting discussion had been held between them.

Issued to highlight from the meeting were:

- a) Improved dashboard people metrics to triangulate with finance and audit to ensure issues can be picked up and addressed.
- b) Concerns around annual leave accrual in which the Trust was aware that some staff had not taken leave during first Covid surge and there was a potential impact of the second Covid surge on already fatigued staff. This was being closely monitored and welfare measures being put in place.

Chairman added that this honest account showed the value of Governor Observer reports which were a vital link for Governors and carried considerable importance. Mrs Matthews concurred with this assessment.

Mr Davidson mentioned concerns being expressed by the media about fatigue amongst medical staff and asked about the steps being put in place. Chief Executive said she would expand further on plans in her report later in the meeting.

Governors noted the contents of the report on the work of the People Committee.

4.1.4 Finance, Performance and Digital Committee

Mr Balch reported on three meetings which had taken place since the last Council of Governors. One off items to report included the approval of business cases for Cardiology and IT, and the approval for short term resourcing for the Emergency Department (ED) to set up the Medical Receiving Unit (MRU) as part of the medium-term solution for ED.

During the first six months of the financial year, the Trust had received reimbursement for Covid-related expenditure from the Government under the Covid funding regime. The financial plans for months 7 to 12 had been based around critical assumptions on standing services back up. The challenges ahead had been discussed, particularly around length of waits and diagnostics.

The Committee would now be focusing on the 2021/22 business plan and was aware that the financial pressure for next year would be considerable due to Covid. The Committee received regular reports with regard to commercial activities from Torbay Pharmaceuticals and the Estate team.

Governors noted the contents of the report on the work of the Finance, Performance and Digital Committee.

4.1.5 **HIP2 Redevelopment Committee**

The Chairman advised that the post of Finance, Performance and Digital Committee Chair would be passed to Mr Richards shortly, as Mr Balch would be taking up the Chair of the newly established HIP2 Committee. Mr Balch expanded on the HIP2 Committee timescales, saying the Trust was due to submit a Strategic Outline Case for NHS submission in June 2021, which was a huge programme of work.

5.0 **Chief Executive's Report (continued)**

Chief Executive explained that during the next stage of the meeting she would update Governors on the Covid Phase 3 Plan and the Winter Plan. She was aware that a considerable number of questions had been asked by Governors recently and would aim to ensure a wider conversation was able to be held during the meeting, but some elements needed to be treated as confidential.

The Chief Executive asked Rob Dyer, Deputy Chief Executive to expand on detail about the Nightingale Hospital.

The Deputy Chief Executive displayed a number of power point slides and gave a verbal update. In April 2020 he had been appointed Strategic Medical Director for the Nightingale Hospital, Exeter (NHE) development and was immensely proud of the whole team in getting it established within eight weeks. A different, more flexible model had been used for the NHSE, as it had been established later in the cycle and lessons could be picked up from others. It had therefore been used for other services, such as CT Scans and more recently MRI scans, to relieve pressure of backlog on diagnostic services, and for vaccine trials and nurse training. It had been a complex plan to ensure the building was established and all the processes signed-off nationally in order to open for Covid patients, with staffing the most challenging aspect. Reservists had been established from each Trust in Devon to be trained and released as and when necessary to staff the Nightingale Hospital. It was however important that the care given was to the same high standard of safety and quality as that expected from a District General Hospital. There were 116 beds, over five wards and two wards which could be fully ventilated, if necessary, for intensive care. The question of when it would be opened for Covid patients, was dependent on the needs of local patients and the impact of removing trained reservist staff from the local Devon Trusts, and this was being assessed daily.

The Deputy Chief Executive asked if there were any questions regarding the Nightingale Hospital, Exeter.

Mrs Hall asked if only selected Covid patients would be sent to the NHE, and the Deputy Chief Executive said this was correct. It was not planned to take intensive care level patients, but rather patients who required "ward level care" and potentially end of life care if required. The aim would be for patients to conclude their recovery at home or at community hospitals for rehabilitation.

Mr Davison asked if there was concern that the Nightingale Hospital did not have Intensive Care Physicians on the site. The Deputy Chief Executive responded that it had been designed at the outset for non-invasive ventilation provision and patients would be selected for suitability for transfer on that basis. It was not feasible to dilute a quantity of intensive care staff from the existing acute hospitals.

Mr Davidson asked how many of the Nightingale Reservists were NHS staff returning to work, as opposed to existing staff. The Deputy Chief Executive responded that it was a very small proportion, but potentially could be used to backfill other staff in acute hospital roles. There was more potential for use of reservists during a future mass vaccination programme.

Mrs Lewis expressed concern on the staffing situation for the NHE. The Deputy Chief Executive responded that it was a complex balancing act, if planned care was reduced, this would free up staffing but reduced Phase 3 performance levels. The Chief Executive added that a number of conversations were taking place with NHS regulators to ensure consistency and safety balance.

Mr Stilliard asked if there had been any plans to utilise armed forces locally to assist. The Deputy Chief Executive said that reservist military medical staff were already embedded within the NHS establishment and counted in "staff" figures at Plymouth.

Chairman thanked the Deputy Chief Executive for the presentation. The Deputy Chief Executive then left the meeting.

Chief Executive gave the context around the implementation of the Phase 3 Recovery Plan, which was to set up services ready for the winter, plans for urgent and emergency care and ensuring elective activity was up to speed across Devon. She confirmed that all the Trusts were working as a joined-up system in Devon. The smaller acute hospitals such as Torbay were therefore being assigned for routine and planned services (green zone) and larger acute sites would, with the assistance of the NHE, focus on Covid patients (blue zone). The Trust was currently re-structuring the ED pathway to maintain safety between blue and green zones, recognising that physical spacing remained a challenge.

The Chief Executive invited questions from Governors.

Mr Davidson asked if blue/greens zones were a replacement for the previous red/green zones and Chief Executive said that yes, this had been a political directive set across the NHS.

Dr Shribman asked if the Trust was looking at developing virtual wards, with patient monitoring to ensure the public was able to stay in own homes. Ian Currie, Medical Director, responded that the Trust was in early talks about developing this facility, with the assistance of the CCG. The Chairman added that the Trust had been able to utilise the community hospitals for non-acute care and had supported the local care home sector when Covid outbreaks had occurred, ensuring people could be cared for locally. Chief Executive said this

co-operation had ensured the Trust was doing more than officially directed regarding Covid in supporting the community.

The Chief Executive invited Judy Falcao, Director of Workforce and Organisational Development to expand on plans for supporting health and wellbeing of staff. The Director of Workforce and Organisational Development outlined the steps being made to ensure all staff had a one-to-one risk assessment regarding Covid with their line manager and described how the network and support groups had supported staff throughout the Trust, including the Devonwide BAME network. Counselling services, helplines and 24/7 app support had been established and the Trust had increased leadership visibility to support staff.

Mrs Hall said that communication was key to ensure that the public were not afraid of going to their GP or coming into the hospital due to a fear of Covid.

The Chief Executive said she was mindful of the important role that Governors provide in actively seeking feedback from members of the public and being able to communicate key messages. She therefore invited Adel Jones, Director of Transformation and Partnerships, to speak about the communications plan going forward.

The Director of Transformation and Partnerships referenced recent conversations she had had with Mr Kiddey, Torbay Public Governor with regard to getting NHS communications working consistently across Devon. It remained important to work alongside Governors in order to communicate effectively with the public and re-assure them that it was safe to come to hospital, if appropriate. She invited questions from Governors regarding communications.

Mrs Inger said that the public do not understand the concept of Covid and non-Covid areas within the sites and felt this could be explained better. The Director of Transformation and Partnerships agreed to review this element.

DTP

Mrs Hookings referred to the number of communications from the Trust and it was not always clear what messages such as “critical internal incident” meant. Governors were asked by the public for basic information around Covid levels and they did not feel they had clear and accurate data to respond currently.

The Director of Transformation and Partnerships responded that:

- a) some communications currently received by Governors were very much directed at staff e.g. “All Staff Emails” and she was currently working with the IT Department and Communications Team to see if some of these could be “de-selected” for Governors, as it was not always necessary for Governors to understand the finer details of an internal critical incident; and
- b) The Communications Team were working on improved accessible and regular communications for Governors that they could then share with the public, particularly with regard to Covid. If Governors did however have any particular questions, they were asked to direct them to the Communications Team via the Foundation Office email for response. She added that a “Jargon Buster” was also currently in development.

The Chief Executive added that it was important that Governors continued to raise questions, however, there was a national communications strategy and on occasions the Trust may not be in a position to provide detailed information.

Mrs Engelmann asked for information as to how many Covid patients were being treated for Covid today at Torbay and South Devon NHS Foundation Trust sites, as some members of the public were clearly concerned about the level of cases. Chief Executive responded that:

- 38 people were being treated for Covid, with 26 of those being treated at Torbay Hospital across two wards, and 12 patients in the designated “blue” hospital at Brixham. During Phase One of Covid in the Spring, at the peak the Trust had 29 patients with Covid. Phase Two, at this early stage, was showing more Covid patients, with more outbreak related groups, be that in care homes or within the community. However, fewer patients required Intensive Care as the NHS now had greater knowledge of how to treat patients.
- Currently 104 staff were absent, with 30 listed having Covid and the others isolating or quarantined due to family cases.

Mrs Hall asked for an update on the age group of Covid patients locally. The Chief Executive responded that patient were usually older, with co-morbidity conditions. The Medical Director added that 81 was the median patient age for Covid locally.

Mr Smith said he felt the Trust had received instructions from NHS England to not divulge numbers of patients with Covid. The Chief Executive said that this information was already in the public domain via the gov.uk public website, and the Trust was required to report this nationally on a daily basis. There were some areas of information that Trusts nationally were not allowed to divulge for example, Nightingale Hospitals and Trusts were not able to comment on Prime Minister’s statements. The Chief Executive said clear and consistent communication was vital in order to breakdown the public’s fear of seeking appropriate medical treatment.

Mr Smith asked if in future, Governors would be given specific figures regarding the number of patients undergoing Covid treatment or had died from Covid. The Chief Executive responded that figures would be released, correct at the date of publication each week, via the Foundation Trust Office, but it would not name individuals as this was confidential information. Mr Davidson commented that during the first wave of Covid he was told by members of the public that they felt Torbay was overcome by Covid cases and that if weekly figures had been easily available with summary information about the direction that cases were going in, this would have been helpful.

The Chief Executive then left the meeting, due to other urgent commitments.

Mr Davidson asked if enough was being done currently to avoid transmission from patients with Covid with regard to contact tracing. The Chief Nurse responded that nationally there was a focus on avoiding patient to patient transmission, hence the blue/green zone separation at the front door. This was well established and there was good adherence to the wearing of PPE by

staff. The Trust did have the additional challenge of an old building estate and ensuring appropriate social distancing. Additional clear screens were being installed to also assist regarding infection control barriers. Visiting by relatives had been restricted due to difficulties in social distancing in small bays.

The Chief Nurse added that there was currently a gap in the track and tracing system with regard to informing family and friends of Covid positive patients and work was ongoing with the Director of Public Health in Torbay and Public Health England. Dr Shribman mentioned a recent case where none of the eight contacts of a patient were contacted in 48 hours and he felt issuing of information sheets should be made mandatory.

Mr Kiddey asked if patients were tested for Covid on both entry and exit from hospital and the Chief Nurse confirmed this was the case. Mrs Inger questioned why a member of the public who was discharged to a care home in Paignton, had then to isolate within the care home for 14 days. The Chief Nurse responded that most care homes would not accept a negative test result from the hospital unless it had been within the previous 24-hour period.

The Report of the Chief Executive was received and noted

6. GOVERNANCE REPORTS

6.1 Company Secretary's Report

The Company Secretary highlighted key points from the report. Governors were invited to note the forthcoming Governor election process and timetable, which would have an emphasis on encouraging staff to apply.

There had been no expressions of interest in the role for Lead Governor or Deputy Lead Governor by the deadline of 21 August 2020. Carol Day had agreed to continue with the interim arrangement as the point of contact for the Regulator, until such time as a substantive Lead Governor was in place. The Chairman added that he was happy to discuss the role descriptions to make the Lead Governor/Deputy Lead Governor role less onerous, if required.

The 2021 schedule of Council of Governors meeting dates and the accompanying 2020/21 Work Plan were noted and received.

6.2 Governors' Committee / Group Reports

6.2.1 Chair's Report Membership Committee 6 October 2020

The Chair's report from the Membership Committee held on 6 October was received and noted. Mrs Inger said that Governors on the Committee had held two informal meetings since then for the purpose of reviewing changes to the membership leaflet.

6.2.2 Membership Group notes of meeting held on 7 July 2020

The notes of the Membership Group meeting held on 7 July were received and noted.

7. GOVERNOR ENGAGEMENT

7.1 Feedback and Questions from Members and Governors (Communications Log)

The Company Secretary informed Governors that since the publication of Council of Governor papers, all questions listed in the Communications Log had now been responded to and closed. Governors noted the contents of the Communications Log.

8. CLOSING MATTERS

8.1 Any other business

There was no other business reported.

8.2 Close of meeting

The Chairman closed the meeting at 16.00 hours.

2021 Council of Governors' meeting dates

The 2021 Council of Governors' meetings would be held on the following dates between 2pm and 4pm.

3 February
5 May
4 August
3 November

Governors were asked to note that meetings would be held via MS Teams until further notice.

COUNCIL OF GOVERNORS			
Report title: Chief Executive's Report		Meeting date: 3 February 2021	
Report appendix	n/a		
Report sponsor	Chief Executive		
Report author	Company Secretary		
Report provenance	Reviewed by Executive Directors		
Purpose of the report and key issues for consideration/decision	<p>The Council of Governors ('COG') meetings are clearly a key part of our governance arrangements and throughout the Covid-19 pandemic we have endeavoured to maintain/enhance our usual communication programme with Governors via regular briefings, email, bespoke newsletters and virtual meetings.</p> <p>I am also mindful of the important role that Governors provide in actively seeking feedback from members of the public and the support Governors are able to provide to the Trust in communicating key messages.</p> <p>I acknowledge that since the last meeting, Governors have requested information about several Covid-related topics, including the work of the Nightingale Hospital and the Trust's ongoing response to the Covid-19 pandemic.</p> <p>At the previous COG meeting Governors received a full briefing from the Deputy Chief Executive and whose role also includes that of Strategic Medical Director for the Nightingale Hospital Exeter, on the establishment of the Nightingale Hospital Exeter. A briefing was also given on the implementation of the Phase 3 Recovery Plan and our communications plan going forward.</p> <p>Since then Governors will be aware of the resurgence of Covid cases, and therefore it is my intention at this Council of Governors' meeting to provide, along with my Executive colleagues, an update on how we are responding both locally and system-wide to the current situation, including roll-out of the vaccination programme; and in relation to Covid Recovery Plans, the importance of addressing the health and wellbeing of staff ahead of addressing the back-log.</p>		
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>

Summary of key elements			
Strategic objectives supported by this report	Safe, quality care and best experience	X	Valuing our workforce X
	Improved wellbeing through partnership	X	Well-led X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	X	Risk score 20
	Risk Register	X	Risk score various
BAF Objective 3: To deliver levels of performance that are in line with our plans and national standards to ensure provision of safe, quality care and best patient experience			
External standards affected by this report and associated risks	Care Quality Commission	X	Terms of Authorisation X
	NHS Improvement	X	Legislation
	NHS England	X	National policy/guidance X

COUNCIL OF GOVERNORS MEETING			
Report title: Appointment of Lead Governor and Deputy Lead Governor		Meeting date: 3 February 2021	
Report appendix	n/a		
Report sponsor	Chairman		
Report author	Company Secretary		
Report provenance	Recommendation informed by Governor-led discussion held on 7 January 2021		
Purpose of the report and key issues for consideration/decision	<p>The purpose of the report is to propose the appointment of a new Lead Governor and Deputy Lead Governor.</p> <p><u>Background</u></p> <p>A meeting of Governors took place on 7 January to discuss the future role of the Lead Governor and Deputy Lead Governor. As part of the discussions, Governors also took the opportunity to agree a nomination for each of those roles. The notes from that meeting were circulated to all Governors for information ahead of the Council of Governors meeting.</p> <p><u>Key issue for decision</u></p> <p>Governors wish to nominate John Smith, Public Governor, Teignbridge and Eileen Engelmann, Public Governor, Teignbridge as Lead Governor and Deputy Lead Governor, respectively.</p> <p>Governors are asked to note that the term of office for each role is for for one year, in accordance with the appointment process approved previously by the Council of Governors.</p>		
Action required	For information <input type="checkbox"/>	To receive and note <input type="checkbox"/>	To approve <input checked="" type="checkbox"/>
Recommendation	The Council of Governors is asked to approve the appointment of John Smith, Public Governor as Lead Governor and Eileen Engelmann, Public Governor as Deputy Lead Governor for a term of one year with immediate effect.		

Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience		Valuing our workforce	
	Improved wellbeing through partnership		Well-led	X
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	n/a	Risk score	
	Risk Register	n/a	Risk score	
External standards affected by this report and associated risks	Care Quality Commission		Terms of Authorisation	X
	NHS Improvement	X	Legislation	
	NHS England	X	National policy/guidance	X

COUNCIL OF GOVERNORS MEETING															
Report title: Company Secretary's Report		Meeting date: 3 February 2021													
Report appendix	Appendix 1: NHS Providers Governor Advisory Committee – Candidate Election Statements Appendix 2: Council of Governors 2021 Workplan														
Report sponsor	Company Secretary														
Report author	Company Secretary														
Report provenance	n/a														
Purpose of the report and key issues for consideration/decision	The report provides corporate governance updates on matters of relevance to the Council of Governors.														
Action required	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>												
Recommendations	To receive and note the items as shown in the Company Secretary's Report.														
Summary of key elements															
Strategic objectives supported by this report	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Safe, quality care and best experience</td> <td style="width: 20px;"></td> <td style="padding: 5px;">Valuing our workforce</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Improved wellbeing through partnership</td> <td></td> <td style="padding: 5px;">Well-led</td> <td style="text-align: center; padding: 5px;">X</td> </tr> </table>			Safe, quality care and best experience		Valuing our workforce		Improved wellbeing through partnership		Well-led	X				
Safe, quality care and best experience		Valuing our workforce													
Improved wellbeing through partnership		Well-led	X												
Is this on the Trust's Board Assurance Framework and/or Risk Register	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Board Assurance Framework</td> <td style="padding: 5px;">n/a</td> <td style="padding: 5px;">Risk score</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Risk Register</td> <td style="padding: 5px;">n/a</td> <td style="padding: 5px;">Risk score</td> <td></td> </tr> </table>			Board Assurance Framework	n/a	Risk score		Risk Register	n/a	Risk score					
Board Assurance Framework	n/a	Risk score													
Risk Register	n/a	Risk score													
External standards affected by this report and associated risks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Care Quality Commission</td> <td style="width: 20px;"></td> <td style="padding: 5px;">Terms of Authorisation</td> <td style="text-align: center; padding: 5px;">X</td> </tr> <tr> <td style="padding: 5px;">NHS Improvement</td> <td style="text-align: center; padding: 5px;">X</td> <td style="padding: 5px;">Legislation</td> <td></td> </tr> <tr> <td style="padding: 5px;">NHS England</td> <td style="text-align: center; padding: 5px;">X</td> <td style="padding: 5px;">National policy/guidance</td> <td style="text-align: center; padding: 5px;">X</td> </tr> </table>			Care Quality Commission		Terms of Authorisation	X	NHS Improvement	X	Legislation		NHS England	X	National policy/guidance	X
Care Quality Commission		Terms of Authorisation	X												
NHS Improvement	X	Legislation													
NHS England	X	National policy/guidance	X												

Report title: Company Secretary's Report		Meeting date: 3 February 2021
Report sponsor	Company Secretary	
Report author	Company Secretary	

Introduction

The report provides corporate governance updates on matters of relevance to the Council of Governors.

1. 2021 Elections

1.1 The annual elections for the Council of Governors have commenced. The seats to be contested are shown below:

Public Governor	Teignbridge Constituency (2 seats) Torbay Constituency (3 seats)
Staff Governor	Moor to Sea Integrated Service Unit (1 seat)

The following seats were uncontested:

Staff Governor	Paignton and Brixham Integrated Service Unit (1 seat) Torquay Integrated Service Unit (1 seat) Trustwide Operations and Corporate Services Integrated Service Unit (1 seat)
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No nominations were received for the following seat and it therefore remains vacant:

Staff Governor	Newton Abbot Integrated Service Unit (1 seat)
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1.2 The independent election company, Civica Election Services (formerly Electoral Reform Services), are managing the elections on the Trust's behalf.

1.3 The election timetable is shown below.

ELECTION STAGE	
Notice of Election / nomination open	Thursday, 12 Nov 2020
Nominations deadline	Thursday, 10 Dec 2020
Summary of valid nominated candidates published	Friday, 11 Dec 2020
Final date for candidate withdrawal	Tuesday, 15 Dec 2020
Electoral data to be provided by Trust	Friday, 18 Dec 2020
Notice of Poll published	Tuesday, 12 Jan 2021
Voting packs despatched	Wednesday, 13 Jan 2021
Close of election	Friday, 5 Feb 2021
Declaration of results	Monday, 8 Feb 2021

- 1.4 The Trust hosted a series of well attended on-line information events for prospective Governors to learn more about the role of the Governor.

Action required: To receive and note the 2021 election update report.

2. Governor Workshop – Chair and NED Appraisals

- 2.1 The Governor Nominations and Appointment Committee considered the process by which the 2020/21 appraisals for the Chairman and NEDs would be undertaken, and agreed that the same process as developed for the 2019/20 appraisals would be followed for the 2020/21 appraisals, with the caveat that the workshop session with Governors would be held via MS Teams in accordance with Covid-19 guidance.
- 2.2 It is proposed that the workshop session is held with Governors at 10am on Thursday 11 March, for the purpose of seeking feedback regarding the performance of the Chairman and NEDs. The format of the workshop will follow the same as adopted in 2020, and will be facilitated by the Company Secretary who will collate the feedback for submission to the appraiser prior to commencement of the appraisal process at the end of March.
- 2.3 Governors will have the option to submit feedback via email or telephone discussion with the Company Secretary if unable to attend the workshop session.
- 2.4 The Council of Governors is asked to note that feedback from the Board Governor Observers will be key contributors to the process this year due to the reduced number of opportunities for Governor and NED interaction.

Action required: To note the Governor Workshop session scheduled for 10am on Thursday 11 March for the purpose of providing input to the 2020/21 Chair and NED appraisal process.

3. Membership of Governor Nomination and Remuneration Committee

- 3.1 Following the recent sad passing of Barbara Inger, Teignbridge Governor and the resignation of Cristian Muniz, Staff Governor, both of whom were members of the Governor Nomination and Remuneration Committee, the Committee has discussed the process by which the vacancies that have arisen are filled.
- 3.2 The Committee decided that as the 2021 elections are underway and four new Staff Governors will be elected, expressions of interest are invited for the vacant Public Governor position and the two Staff Governor positions that have arisen once the elections have concluded and the new Governors are in post on 1 March 2021.
- 3.3 Should there be more Governors submitting expressions of interest than there are vacancies, an election by secret ballot will be held in accordance with the Trust's standard procedures.

- 3.4 The Council of Governors should be aware that the Lead Governor is a standing member of the Committee and therefore once a substantive Lead Governor has been appointed (which will be subject to approval by COG on 3 February), Carol Day will take the position of Public Governor member for the purposes of this Committee. The Governor appointed to the position of Lead Governor will become a member of the Committee on appointment i.e. 3 February 2021.

Action required: To note that expressions of interest for the Public Governor vacancy and the Staff Governor vacancies will be invited in March 2021.

4. Governor Observers – Board Committees

- 4.1 The Governor observer role for the Audit Committee will become vacant on 1 March 2021, following the retirement of the Elizabeth Welch, Governor currently fulfilling this role.
- 4.2 The Council of Governors is asked to note the appointment of Andrew Stilliard as the Governor Observer for the HIP2 Committee.
- 4.3 The annual refresh of the remaining Governor Observer positions (People Committee, Quality Assurance Committee and Finance, Performance and Digital Committee) will become due in Q1 2020/21.
- 4.4 It is proposed that expressions of interest for the Governor Observer positions will be invited in March 2021

Action required: To note the annual refresh of Governor Observers for Board Committees in March 2021.

5. Election for the NHS Providers Governor Advisory Committee

- 5.1 Governors have been informed of the nomination process for the NHS Providers Governor Advisory Committee (GAC) via the Governor Newsletter dated 22 January 2021. The elections are now underway and, as our Trust is a member of NHS Providers, our Council of Governors is entitled to vote in the forthcoming election of eight governors to the GAC.
- 5.2 In accordance with the Election Rules, the electorate is "the Council of Governors of each foundation trust that is an NHS Providers member." Therefore, it is for the Council of Governors to indicate their preferred candidates. NHS Providers have asked that once the Council of Governors have been consulted, the Trust Secretary casts the vote on the Council's behalf. The Company Secretary has been given a login code and voting code in which to cast the votes on Governor's behalf.
- 5.3 The voting is via Single Transferable Vote and therefore Governors are asked to rank the candidates in order of preference from 1 to 8, and respond to the Company Secretary by 1 March 2021. The candidate election statements are attached as Appendix 1.

5.4 Finalisation of the rankings based on responses received will be agreed at the Governor network meeting on 4 March.

Action required: To review the candidates’ election statements, rank the candidates in order of preference (1 to 8) and respond to the Company Secretary by 1 March.

6. Governor Training and Development

6.1 An externally facilitated bespoke virtual training session has been arranged for Governors and will be held on 9 February 2021. NHS Providers have been commissioned to provide an in-house virtual Core Skills course comprising:

- comprehensive overview of the structure of the NHS;
- the statutory role and responsibilities of governors;
- an overview of NHS finance;
- the importance of quality in healthcare
- key skills to effectively holding NEDs to account

There are still a couple of places left so any Governor not already booked on this course are asked to contact the FT Office.

Action required: To note the Governwell Training Course on 9 February.

7. 2021 Council of Governors Work Plan

7.1 The 2021 work plan for the Council of Governors is presented for information at Appendix 2.

Action required: To receive and note the 2021 Council of Governors work plan.

8. 2021 Schedule of Council of Governors Meeting Dates

8.1 Meeting dates for the 2021 Council of Governors, Board to Council and Annual Members Meeting are shown below:

Council of Governors (2pm to 4pm)	3 February 5 May 4 August 3 November
Board to Council (2pm to 4pm)	10 March 7 July 15 December

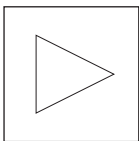
Action required: To receive and note the 2021 schedule of meeting dates.

CANDIDATES' ELECTION STATEMENTS

NHS Providers

Election for the Governor Advisory Committee

Please read carefully before casting your vote.



INFORMATION

Neither CES 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 the Trust.

If you require these election statements in large print or in other languages, please contact Ciara Hutchinson at CES on 020 8365 8909, or via email at ciara.hutchinson@cesvotes.com

Peter Abell

Foundation Trust Name: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Statement from Peter Abell Public Governor, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

I wish to serve for a second term on GAC because as the current Chair of that Committee I would help ensure that the new committee was building on what has been an effective past three years. The committee has the job of giving NHS Providers the Governor's view across a range of issues and is serviced effectively by officers who ensure that we are well briefed and our deliberations have impact. Alongside reviewing the "Governwell" work of NHS Providers (training role); running briefings, the Annual Governor Focus Conference the committee has explored how it can ensure Governing Bodies are fully representative of the community they serve, what the impact is on the growth of system working and governance. Participating in a series of workshops with CQC helped develop new guidance for Governors around the inspection process.

If elected I want to help develop a more effective dialogue between Trust Governors and the Committee - my experience of chairing discussion groups of Governors at the 2020 conference was that any chance at dialogue with other Governors is seized upon. The "Governwell" website gives us an opportunity to give Governors a place where their role is discussed and where they can build up their confidence and effectiveness.

As a Governor I have happily given my time and energy to that role and have done so as a member of GAC, I would welcome an opportunity to continue doing so.

Remaining Governor Term: re-elected in Sept 2020 for another 3 years as Public Governor DBTH

Oboh Achioyamen

Foundation Trust Name: Bolton NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Thank you for the opportunity to be considered for election to the governor advisory committee.

I was born in Africa and like most migrants, moved over to the UK in order to have a better opportunity to achieve my dreams and in turn benefit my host country. When I arrived, I was faced with a lot of barriers and challenges, from culture shock to feeling inadequate to succeed. The worse part of it was when I discovered that there was a very deep-seated perception from the migrant community who hold the view that there is little chance to aspire to good jobs, leadership opportunities and entrepreneurship, because of their race. This inspired me to make a difference

I have just started my second term of office as a public Governor at Bolton NHS Foundation Trust and am proud to be playing my part in working with Governors to support the work of the Trust. I make sure that the interests of members of our hard to reach communities are represented through my advocacy on their behalf.

I am also currently a steering committee member of the European Public Health Association Urban health section covering 31 member countries across Europe.

If given the opportunity and privilege to serve as a member of the governor's advisory committee, I will bring my experience and passion to work with the team

Remaining Governor Term: 2 years and nine months (till October 2023)

John Adler

Foundation Trust Name: Sheffield Children's NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am a Public Governor for Sheffield Children's NHS FT, a major integrated provider of specialist and general acute, mental health and community services. Prior to being a Governor, I was a NHS Chief Executive for 22 years. During this time, I was CEO of Sheffield Children's, Sandwell and West Birmingham (an integrated acute and community trust) and finally the £1bn turnover University Hospitals of Leicester, from which I recently retired.

Governors play a very important role in the FT model, ensuring that there is a strong connection with the population served by the Trust and with the staff who work for it. Both are essential if the Trust is to be responsive to the needs and aspirations of both constituencies. It is vital that Governors are well prepared for our role and have the right skills to work effectively. The Governor development programme from NHS Providers is a central element of this and its high quality has been greatly assisted by the contribution of the GAC.

I believe that my career background makes me well suited to be able to contribute fully to the GAC and in particular to ensure that the needs of children and young people are represented around the table. The development programme will need to adapt to the changing architecture of the NHS and I would be well placed to help with that work, as well as wider thinking about the role of Governors and the FT model more broadly in the coming years.

Remaining Governor Term: Two years and 10 months

Stephen Baines

Foundation Trust Name: Calderdale and Huddersfield NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Now in my fifth year as a Publicly Elected Governor, and recently Lead Governor I believe I have sufficient experience and knowledge to be of benefit to the Governor Advisory Committee.

I have always been committed to the values and behaviours of the NHS and support its goals and objectives. I have a thorough understanding of the FT constitution, importance of transparency and accountability to local communities, and welcome the anticipated governor duty to the public to support system working.

I represent the Governors at Board Meetings, Finance and Performance Committee, Clinical Ethics Panel, Mortality Surveillance Group, Nominations and Remunerations Committee, the Medical Division and Community Healthcare Divisional Reference Groups and the Transformation Programme Board which is leading on the Government investment of £196.5 million in the 2 Hospitals of the Trust.

As an elected Councillor (first elected in 1990 and awarded MBE) my roles have included Leader of the Council, currently Chair of the Audit Committee and a member of the Health and Wellbeing Board. In undertaking these roles I have gained excellent communication skills and have represented the views of constituents at various meetings. I have acted as Chair of many meetings, both Public and Private (I am now retired) and have learned to deal with many difficult situations and conflicts.

I have always considered the best attribute is to listen to all points of view before making a final decision and feel I could contribute to guiding the support programme for the benefit of all governors.

Remaining Governor Term: Until Summer 2022

Richard Ballerand

Foundation Trust Name: Chelsea and Westminster Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Richard Ballerand, recently re-elected, has been a public governor at Chelsea and Westminster Hospital NHS Foundation Trust since November, 2017.

He currently serves on the Nominations and Remuneration committee and previously served on the Membership and Engagement committee.

He is very involved with our local communities, eg. offering monthly Meet a Governor sessions.

Passionate about patient, carer, and public involvement, he chairs the Patient and Public Voice Group of the London Clinical Senate NHSEI, also serving on its Council.

During the Pandemic, Richard has been very busy providing lay input into national programmes at Health Data Research UK and the Beneficial Changes Network. He is keen to ensure that advancing digital transformation leaves none behind.

Experienced at effectively representing the public at both board and community level, nationally, he served as lay member, NICE Technology Appraisal Committee, and NICE Public Information Programme Expert Panel.

With a dual background in the defence and finance sectors, he travelled widely as a military liaison officer and advisor. He gained family experience of the French and American healthcare systems, including elder advocacy, and care coordination.

A 2017 NIHR Improvement Leader Fellow, he will complete a EUPATI (European Patients' Academy for Therapeutic Innovation) Training Fellowship in April 2021.

Given his own lived experience Richard has special interests in the challenges facing people with "invisible" disabilities, our diverse communities, and the ex-military.

Richard would bring his experience and aptitudes to the vital challenges facing the Governors Advisory Committee over the critical years ahead.

Remaining Governor Term: 3 years

Eric Bennett

Foundation Trust Name: Humber Teaching NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I have been a public governor for over 4 years & proud to be involved in diverse & numerous areas of our leading NHS trust. In relation to NHS Providers I have attended a number of out of town meetings & found that all these meetings are excellent in meeting with governors from other trusts & how governors are working collaboratively within the health & care systems. It highlights the skills needed to improve services & gain knowledge from governors from other trusts. Governors have an important role to be involved in NHS Providers as they work closely with government, parliamentarians & regulators. Also it's an organisation that's help trusts to deliver high quality patient-focused care in an everchanging & demanding environments. 123

Working with NHS Providers as a representative of our trust it ensures that governors are kept up to date & NHS Providers have key speakers in meetings I have attended, one of the main subjects was appointment & retaining governors. It was interesting to have taken part in discussions from other governors in breakout groups with their ideas, retention & effectiveness. As governors we should consider the opinions in how we ensure that we retain governors as we all make a valuable contribution

Remaining Governor Term: 25 months

Joanna (Jo) Boait

Foundation Trust Name: Homerton University Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Joanna (Jo) Boait FCIS, MBA

I am Lead Governor of the Homerton University Hospital NHS Foundation Trust (the "Homerton"). The Homerton incorporates hospital and community health services, teaching and research and is rated "Outstanding" by the CQC. The Homerton created the first Post COVID 19 Patient Information Pack and is recognised as being innovative in embracing methods and systems that promise better and safer patient care.

The Homerton serves the London Borough of Hackney and the City of London, together with surrounding areas. Hackney is one of the most diverse and deprived local authority districts in England.

I am a Public Governor, representing my fellow residents in the City of London. I work at board level as a Corporate Governance professional in the financial services industry. I am currently using my experience to facilitate the development of a structured framework that should ensure that it is clear how the Homerton Governors fulfil their statutory duties and comply with good governance practices.

I would welcome the opportunity to join the Governor Advisory Committee and use my skills at a national level to provide oversight on the work undertaken by NHS Providers, particularly their provision of advice and support to Governors.

Remaining Governor Term: 2 years

Maureen Burke

Foundation Trust Name: Greater Manchester Mental Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I am delighted to have the opportunity to seek nomination to the GAC.

I have a long history with the NHS, having occupied a variety of roles over a career spanning 40 years. My NHS career culminated in being appointed in the first wave as a forensic mental health nurse consultants.

In the last 4 years of my career worked with the CQC as a specialist adviser nationally. In addition to my professional career.

I have been a carer for a family member with dementia for 12 years which meant I had to dig deep emotionally and the experience brought an indelible appreciation of what being a carer means.

My decision to stand as a governor at GMMH was driven by a desire to continue to influence and improve the care and treatment of mental health service users at a strategic level, representing my constituents of Salford.

I was delighted to be appointed as Lead Governor at GMMH, galvanising the Governor group in undertaking a needs analysis, identifying a training and development programme, and making important links with other lead governors nationally.

My personal style is one of working collaboratively and respectfully, recognising we all have something to contribute. I have been described by colleagues and managers as bringing support and challenge in equal measure. Being an enthusiastic self starter, I am keen to build on my skills and expertise around organisational functioning, both clinical and managerial to enhance the contribution of governors to Foundation Trusts both nationally and locally.

Remaining Governor Term: Expires March 2022

James Canning

Foundation Trust Name: South London and Maudsley NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Having just started my second term as a public governor, I would love the opportunity to contribute to the national agenda through sitting on the GAC. I work as a board level headhunter for the NHS, giving me an excellent understanding of what good leadership looks like for both executive and non-executive directors, as well as a deep strategic knowledge the NHS nationwide. Deeply passionate about mental health, I have also brought a fresh perspective to the Council at SLaM as a member of the LGBT community, a former service user, and as a younger governor in full time employment.

I would bring all of this to the GAC, as well as the experience I have gained over the last three years. I am the Deputy Chair of our Planning and Strategy Working Group, was involved in local governor lobbying of CCGs and MPs around CAMHS funding, visited staff in nearby A&E's to better understand the challenges they face, as well as actively contributing to the council more generally. I have a particular interest in increasing diversity at board level through lived experience, and would like to help drive a change in the experience of NEDs. Not every member of a board needs to be able to chair an audit committee, and having fresh voices from the diverse communities our Trusts serve, can only help us. I would be honoured to represent mental health on the GAC, and hope that you will vote for me.

Remaining Governor Term: 3 years

Barry Canterford

Foundation Trust Name: Hertfordshire Partnership University NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

As a member of the Governance Advisory Committee, I will strive to support Governors and ensure NHS Providers provide a comprehensive and relevant governor support programme.

As a serving public Governor, Chair of Governors Sub-Group and Engagement Champion I have a unique understanding of how Foundation Trusts work and what the expectation is of Governors.

I am in the excellent position to undertake this role as I am an experienced Governor and I successfully chair our Membership & Engagement Governor Sub-group. I do this by ensuring all members are able to participate, prepare and research the areas discussed and contribute fully to the discussion. I am also a member of our Appointments & Remuneration Committee which requires me to work as part of the team of Governors who ensure the Trust recruits and supports the Chair and NEDs of the Trust.

As Engagement Champion, I have fought against the stigma faced by service users by giving presentations about the Trust's services and the vital role members, Governors and the public can have. This demonstrates my exceptional communication skills, as I am able to encourage people to think differently about our services.

I am committed to regular communication and information for Governors, so they can undertake their role successfully. I regularly participate in virtual briefing events for Governors which are a great way to engage & keep in touch.

My passion for advocating mental health and learning disability services has led to the successful recruitment of members & Governors.

Remaining Governor Term: Term of office end 31 July 2022

Anne Carlile

Foundation Trust Name: Cumbria, 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 CNTW NHS FT, a Mental Health and Disabilities organisation, rated outstanding by the CQC 2016/18.

As a team of Governors, we have been instrumental in enabling Governors and staff working 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 8 years ago and I am a carer who has worked with other carers & 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've been an elected member of the GAC since April 2016 and I believe my experience and enthusiasm may further benefit NHS Providers GAC.

Remaining Governor Term: 12 months

Stephen Churchill

Foundation Trust Name: Dorset HealthCare University NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Staff

NHS foundation trust governors have a vital role to play in providing oversight and feedback to the board and holding non-executive directors to account. Governors help make trusts publicly accountable for the services they provide by providing a link between the members, the wider community and the board, and they provide valuable insights to the strategic direction of trusts by representing the views and needs of members and the local communities we serve.

NHS Providers plays an important role in representing NHS foundation trusts, supporting governors to be able to carry out their statutory duties and shaping governor services through a number of key initiatives and the governor training and development programme.

NHS Providers is recognised for its voice and effective influence, and as a promoter of shared learning across member trusts. Its vision and mission to support members to deliver high quality, sustainable NHS care for patients and service users is closely aligned to Dorset HealthCare's to be 'better every day'. Both organisations are member and patient led, with a relentless focus on delivering high quality, safe and patient focused care through learning from our members, acting as their voice and helping shape the health and social care system in which we operate to address health inequalities and improve health outcomes.

I am standing for the GAC because I passionately believe that the governor's role matters and I would like to represent Dorset HealthCare on this national platform and support governors of all member trusts.

Remaining Governor Term: Three Years

Carol Coleman

Foundation Trust Name: Kent Community Health NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

Having retired in 2015 from a forty year career in the Civil Service, I had the privilege of being elected for my first term in February 2016.

My roles have included strategic and tactical analysis, which has equipped me with a comprehensive knowledge of best practice in research and evaluation of complex reports and minutes. Extraction of the salient points provides me with the widest possible knowledge base when representing groups and individuals at meetings, so that I feel well equipped to participate in all aspects of a governor's role.

For new Governors from a non-NHS background, the first year or so in post can be a very steep learning curve and I feel that being part of the GAC may give me the opportunity to assist making those early days easier.

I feel that transparent communication between the Trust, NHS management and the public is of the utmost importance at all times. In order to be able to reflect the Trust services as comprehensively as possible, I have taken on roles as chair of the Communication and Engagement Committee and participate on the Patient Council and SE Network, Safemeds, Charities and the R&D Committees.

As a Trust, we work closely with Primary, Acute and other stakeholders and have held joint governors meetings to identify best practice across the governor roles. Holding NEDs to account is always a question raised and the pandemic has only exacerbated this with few opportunities to see NEDs at work and their contributions.

Remaining Governor Term: 13 months

Eileen Cox

Foundation Trust Name: West Midlands Ambulance Service University NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I have been a Publicly Elected Governor of West Midlands Ambulance Service for Staffordshire since 2013. I was elected to the role of Lead Governor in 2015 and have continued within the role to date, having been re-elected by my fellow governors. In that role, I played an instrumental part in the interview process and appointment of our Trust's current Chair. I have also been part of the selection process for several Non-Executive Directors. One of the highlights for me personally, was this year receiving the retiring Chair's award!

My background is in the business sector, but I have always been a staunch supporter of our N.H.S. I firmly believe it is essential that this "Institution", which is apparently what makes people proudest to be British, continues into the future for the benefit of all. I voluntarily serve as a patient representative, on N.H.S. Committees, including the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Patient Congress.

I have for the past eight years, served as a Governor of one of my town's Middle Schools, now a "stand alone" Academy, where I chair the Finance Committee.

Having read the description of the NHS Providers Governor Advisory Committee, I feel that I could bring some value to GAC, and I am well used to working as a team member. Should I be fortunate enough to be elected, I would certainly be prepared to make the commitment required to do justice to my role.

Remaining Governor Term: Two years

Janet Crampton

Foundation Trust Name: South Tees Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Appointed/Stakeholder

As a Governor at STH Foundation NHS Trust for 9 years, taking on additional roles relating to patient experience, complaints review and membership, I have the experience and the time to commit to a broader role with the Governor Advisory Committee. Driven by my interest and concern that the governor role adds value to the Trusts and other health bodies it serves, I am keen to see a clearer connection between policy developed centrally and practice on the ground. For 11 years I worked centrally for the Department of Health Older People's Directorate (I was part of the team that developed the 2009 National Dementia Strategy), and learnt that policy design must correlate with the ability of operational organisations to implement and deliver those policies effectively. I feel strongly that in developing policy, 'rules' and general guidance that bind people and organisations to certain actions and specific targets, must involve in their design those most closely affected - so that it works for the benefit of patients, staff, the NHS generally, the wider community, and also the regulators. The most important role of a governor is to listen to and represent the views of other members and the public on matters of concern; and I'd draw on several local and national major-change consultation processes where this was a key focus of governors. On a personal note, I am retired, widowed, living on my own and now have the time to make a meaningful contribution to the GAC and its programme.

Remaining Governor Term: 2 years

Clare Cressey

Foundation Trust Name: Harrogate and District NHS Foundation Trust

Type of Trust: Acute

Governor Type: Appointed/Stakeholder

I have been a Governor at Harrogate and District NHS Foundation Trust (HDFT) for 4 years. I became a Governor as I wanted to help raise awareness of the role and how it benefits its members, the staff and the organisation. In January 2020 I was nominated as Lead Governor and have been totally committed to the development of the Council and its Membership. I decided that I would like to further my knowledge and involvement in the Governor Advisory Committee following the last Governor focus conference where I was inspired by other Governors in attendance and the work of the committee. I have attended many NHS Providers workshops and taken those skills back for the benefit of my role and for the Council. I am particularly interested in the role to expand my learning and to further develop and strengthen the GAC, as I feel I could bring my knowledge, experience and share intelligence from HDFT to help influence the work of NHS Providers. HDFT covers an extensive footprint offering acute services from Harrogate and Ripon hospitals and the local community, it also provides high quality healthcare across Leeds, Middlesbrough, County Durham and Darlington. Choose me if you want someone with energy, enthusiasm, passion and lots of ideas, who is dedicated and committed to the role of Governor.

Remaining Governor Term: June 2021

Eric Crossfield

Foundation Trust Name: Camden and Islington NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service User

Eric served his commission in the Royal Navy in the time of the Cold War and the Falklands Conflict. He served in ships and submarines in home waters and abroad, including a period in the Hong Kong Patrol Squadron during the Vietnamese refugee crisis and on the longest unsupported submarine patrol securing the safety of waters around the Falklands. His expertise developed as a navigation specialist and included commanding a training ship.

Three months into initial training, unfortunately he closely witnessed and was involved in a helicopter accident sadly losing some friends and colleagues.

With such lived experience manifesting in different ways, years later Eric was diagnosed with complex PTSD for which he received excellent treatment through Camden and Islington NHS Foundation Trust's (C&I) TILS and CTS. He was elected to C&I's Council of Governors in 2019 as a Service User Governor which he saw as an opportunity to represent the voice of mental health service users. Eric has also been a panel member involved in evaluating regional NHS Trust bids for the Veterans High Intensity Service.

Outside of C&I, Eric is a senior insight analyst with John Lewis Partnership and subject matter expert in the field of Social Listening. Additionally, he has spent many years as an elected Councillor representing interests of fellow Partners and holding management to account in the co-owned business.

Eric's involvement is inspired by his personal values, driven by understanding and supporting others both to find and recognise the value of their voice.

Remaining Governor Term: Until October 2022

Sean Driscoll

Foundation Trust Name: Bedfordshire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am an active Public Governor of the Bedfordshire Hospitals NHS trust, currently serving my second term after being successfully re-elected. I believe that I can bring my knowledge and skills to the Governor Advisory Committee.

I serve on the Car Parks committee, and up until now have been careful not to take on any more responsibilities as I am still working full time. When I saw the post of a position on the Governor Advisory Committee, I was immediately interested in it for two reasons. The first is that I feel it would be both interesting and also a very important role in connecting us as a group of governors to a National body and secondly it has a manageable time commitment that I am confident in being able to deliver.

My business background has given me the confidence to both absorb new information and report it back to a group and also to be clear and confident in presenting views to a gathering of people that I may not know particularly well.

If elected I hope that I can support both NHS Providers, and my Trust in representing our views to the Committee and also being clear in my reporting back to the body of governors.

Remaining Governor Term: 2 years

Ben Duke

Foundation Trust Name: Sheffield Health and Social Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Have been a service user in the last five years and as a relative of a current service user, I am passionate about supporting NHS services in my role as a governor. I enjoy helping develop stronger links with the communities we serve, and being the bridge between the public, service users, providers and staff.

My skills and experience include voluntary work for Age UK Sheffield, where I assist in activities and events for members to enable them to maintain their cognitive function and mobility, and Sheffield MENCAP, where I support teaching adults with learning difficulties and provide one-to-one teaching for a member with cerebral palsy.

I also volunteer for CLIC Sargent – a national charity for children with cancer. My wide-ranging role includes fundraising, reviewing policy documents and handling telephone or in-store enquiries.

In addition to these roles, I have a long history of volunteering in our local community, including work for Sheffield Royal Society for the Blind, Sheffield Churches Council for Community Care and a local library.

I am keen to bring my energy and passion to the Governor Advisory Committee, to support its important role, contribute ideas for areas of focus and debate and represent the mental health, learning disability, autism and social care services delivered by the Trust for which I am a governor. My term of office runs until July 2023, providing me the time to contribute to the GAC and make a difference.

Remaining Governor Term: 2 years and 8 months

Pauline Garnett

Foundation Trust Name: Bradford Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Background

- Registered nurse with a wealth of diverse experience.
- Worked in NHS for over 25 years in various roles and settings: ICU, Cardiovascular, Team leader, Service Development Manager, End of Life Care Facilitator and currently as a Genetic Counsellor.
- Recently redeployed and enjoying supporting Covid-19 relatives.

Rationale

- It would be an honour and a privilege to continue to represent you as a GAC member and build on the work that has taken place. This experience has facilitated me to have meaningful discussions on a range of topical and governor-related issues to influence NHS Provider Governors work programme and ensure that the right issues are being addressed.
- I have participated in a range of governor events, networking opportunities, liaised directly with Governors, shared insights of learning and best practice and provided feedback on events, key issues and important considerations.
- I have played an active role, produced blogs and provided comments on a revised CQC inspection guide for governors to strengthen the engagement process.
- I am committed, proactive and have a genuine interest in making a positive contribution.
- I am passionate that members are engaged and empowered; their views are respected in order to influence the delivery of NHS Providers initiatives.
- The NHS is going through clinical and economic challenges, it is important that member's views are taken into consideration as their insightful knowledge can provide solutions to some challenges encountered.

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

Remaining Governor Term: 16 Months (up to end March 2022)

Nicky Green

Foundation Trust Name: Bradford District Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I am a vet who has spent over 30 years working in first opinion practice as both an employee and latterly an owner. I believe in high quality, cost effective healthcare for both animals and people. I have an MA in Healthcare Ethics and an ongoing interest in ethical medical challenges and volunteer for Vetlife, a phone and email group providing mental health support for vets and their teams.

I have been a Governor for 4 years and Lead Governor for over a year. My passions include treating the patient as a whole person not a series of dissociated medical issues; improving communication between primary and secondary healthcare; and early intervention and education to help prevent escalation of mental health problems.

My previous NHS experience includes being a lay member on the Bradford Individual Funding Request panel for 3 years, where GPs request payment for non NHS funded care for patients, chairman of my local GP practice PPG and a member of the Airedale, Wharfedale and Craven Executive PPG.

I have a keen interest in the NHS and supporting it to provide the best care possible, in extremely challenging circumstances, to all members of society equally. I am also passionate about the wellbeing of all staff working in the NHS, as without them the system cannot operate effectively. I feel I have a lot to offer the Committee and would also use the role to feedback best practice into my own Trust.

Remaining Governor Term: 1 year, 5 months remaining

Josh Hardy

Foundation Trust Name: Great Ormond Street Hospital for Children NHS Foundation Trust

Type of Trust: Acute

Governor Type: Appointed/Stakeholder

It would be an honour to represent Governors nationally, actively working with committee members to provide oversight and feedback on the Governor Support Programme, maintaining and improving the resources available to us. I believe that Governors are critical to the NHS and from my experience at Great Ormond Street Hospital, the development opportunities furthered my ability to make an active contribution to the Council, maintaining and improving services for patients and their families.

I believe that now is a more exciting time than ever to equip Governors with the right knowledge and development opportunities so we can continue to make active and innovative contributions to the NHS. Through my experience with the JP Morgan project 'Building and presenting a bank for 25 years' time' I've furthered my communication, debate and strategy skills. My team and I spoke to major departments, researched society in 2044 and presented our solutions to a panel of industry experts. I'd look forward to bringing the skills I developed at JP Morgan as well as those I use at Great Ormond Street to represent Governors on a national scale.

I want to ensure that every one of us has the appropriate support to go above and beyond in our roles. Whether this involves discussing the NED appraisal training, making an active contribution to the support programme or working with NHS Providers, I'd look forward to bringing a forward looking, innovative and active voice to the GAC!

Remaining Governor Term: 32 Months

Mike Hobbs

Foundation Trust Name: Oxford Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Mike Hobbs is a Public Governor and Deputy Lead Governor with Oxford Health NHS Foundation Trust (OHFT), the provider of community health and learning disability services in Oxfordshire and mental health services across a wide area from Bath to Milton Keynes.

Mike was employed by OHFT and its predecessor organisations for nearly 30 years as a Consultant Psychiatrist and Psychotherapist. He served latterly for 8 years as the Trust's Medical Director and has extensive clinical and Board level management experience. As Medical Director, he was actively involved in a Trust merger, the achievement of Foundation Trust status, and the integration of Oxfordshire's Community Health services.

Since retiring, Mike has worked on a voluntary basis (1) as Chair of an Oxfordshire Clinical Commissioning Group Patient & Public Involvement Forum; (2) with Oxfordshire Youth Justice Service's Restorative Justice Team; (3) as a primary school road safety cycling trainer, and a qualified cycling coach with both able-bodied young people and those with disabilities; and (4) leading a community engagement programme of socially inclusive activities through a community pub!, to promote mental, physical and social wellbeing.

A governor since 2019, Mike chairs the Council of Governors' Patient & Carer Experience sub-group. He sees joined-up mental, physical and social care as essential for people with complex ill-health and those with learning disabilities; and believes governors are well placed to promote public, community and inter-organisational collaboration to bring about stronger, safer, more compassionate health and care services. Community engagement is key.

Remaining Governor Term: 18 months

Sally Holland

Foundation Trust Name: Mid and South Essex NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have recently been elected to the Lead Governor role at Mid & South East Essex Hospitals. This is a newly merged Trust formed earlier this year combining Southend, Basildon and Broomfield Hospitals, serving a population of 1.3m. The merger brings with it its own challenges not least 3 different cultures. Whilst Governors will naturally have affinity with their local hospital it is essential that we also ensure we act strategically across the newly merged Trust. I am excited to see how we move through the transition to the new ways of working and ensure our local communities have a voice in the Services and direction being delivered.

I believe that being part of the National Governor advisory Committee will be invaluable as I will be able to share with colleagues the journey and lessons learned, as Governors, from the merger and more importantly learn from others as we transition into this new Trust. I would like to ensure Governors access the development opportunities available to help us in carrying out our role to the best of our abilities.

As Lead Governor I think it is vital to ensure good, regular communication both with the Board and NEDs, and more importantly between Governors. Many Governors work tirelessly listening to their communities and feeding back to the Board, however, we have not been so good at sharing this information amongst ourselves in the past and this is something I hope we can improve upon.

Remaining Governor Term: 2 years

Tony Horrocks

Foundation Trust Name: North Tees and Hartlepool NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Tony Horrocks enjoyed 47 years in the Hotel and Catering industry of which 22 years were spent on hospitality ships as a Merchant Navy Officer, in that time Tony was a member of the Hotel and Catering institute and the British Institute of Innkeepers, before retiring in October 2014. After retirement Tony wanted to give something back to the NHS who had helped his family on many occasions and immediately applied to become a Governor of North Tees & Hartlepool Foundation Trust.

As a public governor and lead governor, Tony has supported fellow governors and as part of the Strategy & Service Development Committee, the Membership Committee, the Nominations Committee and the External Audit Committee has gained a wealth of experience and satisfaction in holding the board of Directors to account. During Tony's three years as a Lead Governor and working with the Governors, he has helped shape a more organised focus to the responsibilities of Governors ensuring the best interests of the Trust are met and promoting the health & wellbeing of the local population. He undertakes his role with passion and determination.

In the past Tony has attended NHS Providers Governor Development sessions which he found valuable and gained knowledge to aid with his role as Governor.

I strongly feel as a team member to the Governor's Advisory Committee, Tony could provide guidance and advice to oversee the work of the NHS Providers in support of Councils of Governors.

Remaining Governor Term: Three years

John Jones

Foundation Trust Name: Essex Partnership University NHS Foundation Trust (EPUT)

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I have been pleased to have been on the GAC for the past 5 years, with a one year gap, attend all meetings, including many regional conferences and make regular contributions.

Why do I do it? As a Lead Governor for a major mental and community health Foundation Trust I think it is important that the voice of mental and community health is not drowned out by the well-publicised problems in the acute sector. In particular, that governance in a MH trust is different to that in an acute trust, with its wide geographic spread (we have around 200 sites across 100 miles), with the potential for staff to feel isolated from the centre, and patients rarely seeing senior management. It needs someone with experience to make that voice heard.

I get most satisfaction from making suggestions for improvement and these being accepted and implemented. That makes a real difference to the experiences of the patient, and it is satisfying to look back at that and say to yourself, "I did that".

In February 2016 I established (encouraged by the GAC) a Regional Network of Lead Governors and this allows 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 the senior staff at NHS Providers, who respect my views, dedication, commitment and expertise. I am asking for your support so that I can continue to provide this for all our benefit.

Remaining Governor Term: 2 Years (June 2022)

Mustapha Koriba

Foundation Trust Name: Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I grew up in a family of healthcare professionals and as such, I have developed a strong passion for the NHS. My daughter works in the NHS and my wife is a retired nurse /midwife)

After 24 years in senior leadership roles in various international roles (Vice-President and Director Roles across Europe, Americas, Asia and Africa), I set up my own consulting and training business. Initially, 25% of my time is dedicated to charitable causes, and now it is more than 75%

For the past four years I have been an active Public Governor of the Rest of England and Wales. As such, I have attended many events concerning the NHS: MIAA, AQA and NHS Leadership Academy events. I have also attended the last two Governors conference. This has allowed me to build a good knowledge of the NHS and the issues it faces.

In our Trust, I carry out the following:

1. I do monthly Real Time Patient Surveys. I talk to patients about the quality of care they receive. This allows me to get close to patient care.
2. I do Patient Safety walks. This allows me to keep close to patient safety and staff engagement
3. Member of the Workforce/People Committee. This allows me to keep close to staff engagement
4. Until a month ago, I was member of the Nomination Committee. This allowed me to contribute to the appointment of the CEO, Chairman and Non-Executive Directors
5. Member the External Audit committee

Remaining Governor Term: 1 year 10 months

Sarah Lennard

Foundation Trust Name: South Western Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Staff

I began my career with South Western Ambulance Service as an area administrator, progressing to emergency care assistant and then taking the Open University route to become a Paramedic, I am now a lead Paramedic at Redruth and Hayle stations.

I became the Staff Governor for Devon and Cornwall in March 2017 and have developed within the role, attending the meetings regularly, contributing when necessary to give an operations perspective to the Council of Governors and the Non-Executive Directors, asking questions and looking for assurance from the Non-Executive Directors about their involvement and influence within the Trust.

Most recently becoming a member of the remuneration and recommendation group, interviewing for new Non-Executive Directors; this process involved being part of the shortlisting process as well as representing operational staff on the interview panel.

I am committed to represent the people of the South Western Ambulance Service as a staff Governor for Devon and Cornwall, as I feel I have the knowledge and experience gained from the past 3 years, to best represent operational staff for the next 3 years.

I am currently within my first year of my second three year term as Staff Governor; I am very interested and committed to be considered of servicing on the Governor Advisory Committee to gain further experience to be able to improve my skills within my Governor role and most importantly to provide a voice to Governors nationally.

Remaining Governor Term: Current term 01 March 2020 - 28 February 2023, eligible to stand for another three year term after 28 February 2023

Loretta Light

Foundation Trust Name: South Central Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I have recently been re-elected as a Public Governor for Oxfordshire and feel I have the relevant skills and experience to undertake this role.

As regards experience, I feel fully confident in asking constructive questions at Board and Council of Governors {CoG} meetings to hold our NEDs to account as well as contributing to strategy and development meetings. I understand how the various elements of the Trust function and the current state of play including our national COVID Response Service. I am familiar with the buddying role of NEDs to Governors and able to discuss its diverse benefits.

I am deeply committed to represent the interests of Trust members and the general public and am currently the deputy chair of our Membership and Engagement Committee. Although COVID-19 has prevented our public engagement in person, we have developed some exciting new initiatives to engage with our constituency using social media and other technologies. I am the Governor lead on the development of short films on topics such as dementia and flu vaccinations for the public.

I have good communication skills and have many years of experience chairing NHS committees and working as part of multi-disciplinary teams.

I am enthusiastic and would welcome the opportunity to share SCAS Governors' experience with a wider group of fellow Governors and in turn learn new ideas that would benefit our Trust

In summary I feel well placed to bring an open but informed view to this Committee.

Remaining Governor Term: Three years (until 29 February 2024)

Gill Little

Foundation Trust Name: Royal United Hospitals Bath NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am a Public Governor at the RUH Bath, commencing in September 2019.

My background is clinical, and my last position was Company Director for a private healthcare provider and manufacturer of medical devices. My focus was to grow the business via mutually beneficial contracting with the NHS and to provide a quality specialist nursing service.

I have been deeply involved with provision of care, managing the employ and deployment of staff, and was the Registered Manager regarding our CQC registration.

In putting forward my application to serve on the Governor Advisory Committee, I would seek to help Governors to benefit from the Governwell training programme which I have found invaluable personally. By raising awareness of the support available to Governors and sharing dialogue on what training can do for the individual Governor, we can achieve parity of knowledge and expand joint interest and recognition in our achievements as Governors.

If elected, I would like to work to encourage the networking between Governors from differing NHS Trust within the South West area and potentially nationwide, which is such an important facet of our roles. If we are to work to benchmark our function and effectiveness for our hospitals then this is one area where I feel there is scope for much improvement.

As Public Governor, I am very keen to reach out to our constituents, with helpful and positive information regarding their hospital and services, and to encourage a larger membership which is motivated to support their local hospital.

Remaining Governor Term: Until 31st October 2022

Dr. Sunila Lobo

Foundation Trust Name: Royal Berkshire NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I believe I have valuable experience to offer through the various roles and responsibilities I have taken on, as Governor at the RBH NHS Foundation Trust. I have been Chair of the Governor Strategy Committee during the Trust's strategy renewal, resulting in its transformative Vision 2025.

I have also been on the Trust's Charity Committee providing scrutiny on utilisation of donor funds for the best possible impact.

I have benefited from the training and resources provided like the Governwell training programme on Effective Questioning, which was especially beneficial due to the Trust Chair and another senior executive's attendance. Buyin from the top is needed to appreciate and even welcome challenge from governors. However, holding non-executives to account has been impacted by the pandemic. It is imperative this area is addressed in training and resources, as the situation will not get back to 'normal' for some time.

There should also be more opportunities for governors to meet (even if online) and share thoughts, outside formal agenda-driven meetings. I also believe that resources like the reference guide on Foundation Trusts constitution could do with further scrutiny especially around terms of office and 'significant transactions'. Having attended Governor Focus conferences, I have benefited from the Best Practice showcases and am eager to ensure more dissemination across Trusts. Finally, I would be keen to further improve 'inducting' governors to carry out their roles effectively, especially with the growing public health challenges we face.

Remaining Governor Term: Until Mid 2023

Michael Loome

Foundation Trust Name: Gateshead Health NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I am a retired Civil Servant and currently a Staff Governor. I am a volunteer staff member having been a volunteer since 2011, working primarily in the Out Patients Dept. and occasionally on certain wards. Prior to becoming a Staff Governor I was a Public Governor for three years one of which was as Lead Governor.

As a governor, I have been a member of the Remuneration Committee, the Digital Patient Project and Out Patient Project Boards, the Patient Environment Action Group and the Membership Strategy Group. I have also taken the NHS Governors Finance Course which gave me a better understanding of NHS budgeting and finance and has been of great help at Board meetings which I attend regularly.

Since becoming a Governor I have acquired a greater understanding of how we manage and deliver services as a result of interaction with Board members, Non- Executive Directors and staff together with visits to various departments and wards.

I have also talked to staff and patients listening to their views on the NHS and the way services are delivered and feel that this is an opportunity to further represent their viewpoint and discuss and exchange opinions with Governors from other Trusts.

After having previously attended the National Governors Focus conferences

I now relish the opportunity to sit on the Governor's Advisory Council and ensure that member's views are taken into consideration in providing solutions to some of the clinical and economic challenges faced the NHS.

Remaining Governor Term: 2 years

Samantha Mills

Foundation Trust Name: University Hospitals of Derby and Burton NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I am Dr Samantha Mills, a staff governor and A&E junior doctor working at the University Hospitals of Derby and Burton Foundation Trust. The decade prior to retraining as a doctor, I worked in the Home Office and at one of the world's largest manufacturing companies. Therefore, I bring a diverse background of knowledge and experiences to my role as governor. I have proficiencies chairing and sitting on subgroups; to review work, identify areas of concern, facilitate debate, and lead with delivery on improvement projects.

I have operated locally and nationally; presenting, writing court and press statements, ensuring clear, effective communication is key in all my work. Guaranteeing all viewpoints are heard and feedback loops closed, to ensure progress and solutions are known to all involved. Recently merging as a Trust, the need for understanding and to communicate well, ensuring people are supported and understand what is happening in practice has really been a passion of mine.

Continuous improvement, along with equity and diversity advances, are in everything I do. I have a hidden learning disability, which I openly discuss to highlight what can be. Through my role as staff governor I have become aware of the unique vantagepoint a A&E junior doctor can bring of day to day hospital working and how this benefits my input as a staff governor. If elected I very much hope this will be to the advantage of all and plan to actively input into the improvements and support the GAC has to offer.

Remaining Governor Term: 7 months

William Miskelly

Foundation Trust Name: North Cumbria Integrated Care NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Although I have only been active as a local public governor for a short period of time, I regard myself to be competent at fulfilling the required role if elected to the NHS Providers Governors Advisory Committee.

I am a member of the Trust Governors Advisory Committee and a member of the Learning Disability and Autism special interest group; and the External Audit special interest group.

I believe I have the skills and desire to succeed and the ability to adapt to new ways of working when required in an ever changing environment.

I enjoy representing my community whether by asking questions on their behalf or holding people to account when needed.

Problem solving is a particular enjoyment and I like to take a measured and considered approach to matters before formulating an opinion, whether on behalf of myself or a member of my community.

I am very good at gathering and interpreting information in a variety of formats.

I always have one eye on how what we do now will affect the NHS in the future, as I feel that we are very lucky to have a national health service. I would like to expand my current role to help keep our NHS here for future generations.

Remaining Governor Term: 9 months

Caroline Ogunsola

Foundation Trust Name: East London NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Staff

As a registered nurse and a Queen's Nurse with wealth of experience in community nursing I practice with great pride, passion and positive energy.

In my current role I am responsible for nurse workforce development which would stand me in good stead in supporting NHS Providers Governor training and development.

I am very passionate about the NHS and my Trust's work. Influencing local services to deliver what matters to patients is very close to my heart. I have held various roles in NHS organisations, gaining valuable experiences and building excellent network that can support and shape my thinking with great resilience as a member of the Governors Advisory Board.

I have just started my second three-year term as Governor, having been re-elected in November 2020. My fellow Governors recently expressed their confidence in me by electing me as their Lead Governor.

My key achievements during my first term as a Governor include:

- I worked with another colleague to initiate the proposal to the Council to change staff pay day to a fixed date to alleviate poverty among staff
- I contributed to the development of the ELFT Promise and worked towards actively embedding it in our practice.
- I represented the staff's views during COVID-19 pandemic to the Board, especially on PPE provision.

My particular focus is contributing positively to the growth and development of the Council of Governors in order to have a strong impact and to work constructively with the Board.

Remaining Governor Term: 3 years

Bhavna Pandya

Foundation Trust Name: Liverpool University Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Bhavna has worked in the NHS since 1995. She joined Aintree Hospital (now Liverpool University Hospital NHS FT) in 2005 as a Consultant Nephrologist and Physician, managing kidney patients, helping with acute takes and post-take ward rounds.

From 2006, as the Trust lead and regional co-lead Bhavna was involved in successfully implementing the Department of Health Chronic Kidney Disease initiative in the North West.

Bhavna is an equality and diversity representative for the Medical Womens Federation UK. Her work as Chair for Opportunities in Nephrology committee (Renal Association) has resulted in diversity strategy changes, which were implemented at trustee, council and community level.

Bhavna's work was commended at the British Medical Association conference in Belfast and in the British Medical Journal as significant contribution amongst the medical doctors in the UK.

During the Covid-19 pandemic Bhavna set up a process to communicate with patients and carers. She also successfully highlighted staff and patients' Covid-19 concerns to the Trust Board, Public Health England and the Renal Association.

Patient safety and quality at every level is her passion along with supporting her colleagues through mentoring. As a Staff Governor at one of the largest FTs in the country, Bhavna plays a significant role in bridging communication between her constituents and the Board.

Bhavna believes that if elected as a member of Governors Advisory Committee she can share her experiences and ideas to help improve and reinforce the role of Governors in the NHS.

Remaining Governor Term: 2 Dec 2022

Linda Pepper

Foundation Trust Name: Northumbria Healthcare NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been an active public governor with Northumbria Healthcare Trust for the past 8 years, and as well as participating in all council of governor meeting, I have been involved in various committees: e.g. patient information, patient experience, Nomination/remuneration/development, assurance, audit. I have mentored new governors when they have been appointed. I held the role of Lead Governor for a while.

I am also a member of several other NHS Trusts, in Manchester and in Oxford (where my daughters live) and find it informative to see how other Trusts work, and to pick up ideas and examples from them.

I am familiar with the work of NHS Providers. I have attended, and appreciated, several GovernWell trainings, not just for the learning but also the opportunity to share experiences with governors from other Trusts.

I am an active member of local Healthwatch (and all its previous iterations since Community Health Councils were abolished in 2003).

In addition to working locally, I have a long history of bringing the interests of patients and the public to several national health organisations, e.g. Medicines and Healthcare Products Regulatory Agency (MHRA); Royal Colleges of Obstetricians + Gynaecologists (RCOG); National Institute for Health and Care Excellence (NICE); National Cancer Advisory Group (NCAG); Independent Reconfiguration Panel (IRP).

I would very much appreciate the opportunity to work with others on the Governor Advisory Committee and to be involved in the governor support programme at NHS Providers.

Remaining Governor Term: 2.5 years

Carl Plummer

Foundation Trust Name: East Kent Hospitals University NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a Public Governor for Folkestone & Hythe with the East Kent Hospitals University NHS Foundation Trust for just over a year now. I am seeking re election in February 2021.

I believe the Governor's role, although not operational, is fundamentally vital for the governance of a Trust. I am passionate about the NHS and its Staff and Patients. I believe a Governor to be a "Critical Friend" of the NHS.

To join the Governor Advisory Committee on behalf of my Trust would be an honour and a privilege. I hope I can bring forthright and critical discussion to the table, not just to benefit my individual Trust, but to assist other Governors to understand and shape the role of the Trust Governor for the future.

I am always willing to learn from others and I believe membership of the committee would help me influence the future shaping of the role and how we, as Governors, can assist and shape our Trusts for the future. I am only a beginner, I have lots to learn and to contribute to the Committee. I hope you will allow me to join you in shaping the Governor role for the future.

Thank you for taking the time to read my statement, and I hope on the basis of this you would allow me to stand for election to the National Governors Advisory Committee.

Remaining Governor Term: Ends 28 February 2021, Carl is re-standing, elections in January

Julia Preston

Foundation Trust Name: Gloucestershire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

My career began as a Radiographer before training as a nurse and then a midwife. I stayed in midwifery in Gloucestershire for twenty years predominantly as Clinical Lead with secondments to Risk manager and Matron. Although hospital based I am interested in early intervention and service integration. I undertook a BSc in Community Health and PGD in Public Health. In 2016 I relocated to Guernsey in the role of Governance and Quality Assurance manager. Missing the frontline I returned to Gloucester where I run a small business and work part time as a Staff nurse in Acute Medical admissions.

I became a governor because I believe the scrutiny they provide is essential to quality assurance. They also provide a route for the board to gain insight into view and opinions. I felt I had the networks and contacts that would facilitate getting feedback and allow me to both promote and explain the role.

My initial term as Staff Governor was in 2003 before the formation of NHS Providers. The role was poorly understood and unsupported. Now Governors are fully aware of their statutory duties and are comfortable to participate and appropriately question NEDs. The training provided and the NHS providers website is invaluable. However engagement with a full cross section of members remains problematic. We are currently working on an engagement strategy and being a GAC member would allow me to both share our ideas and learn from others to identify best practice.

Remaining Governor Term: 2 years

Sue Prior

Foundation Trust Name: North West Anglia NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Having been a public governor in our trust for almost 4 years and observed most of the committees I believe I now understand the role of a Governor and the importance of the role, we provide, within a foundation trust. The experience from my legal and commercial finance background as well as managerial experience in a Local Authority adult and children social services has assisted in developing awareness of our regulatory role.

I have sat on a regional group of Governors and therefore cognisant of the varying degrees of effectiveness of COGs 'in our region'. I am a regular attendee of STPs and CCG meetings in both counties which creates awareness of cross border issues and the differing priorities. This allows me to be an active participant in the Governor's Council in the everchanging development of the NHS. Participating in NHS England forums and hearing and identifying common positive innovative developments, together with themes and issues across all our hospitals and trust provides information to support our governor role.

Being closely involved in regional and local patient participation leadership and being a voice for patients and members keeps me closely in touch in support of our representative role.

I would very much welcome the opportunity to shape the Governor services provided by NHS Providers, broadcast the support available and develop networks to help support Trusts by being nominated to represent governors and trust onto the Governor Advisory Council.

Remaining Governor Term: 2 years

Douglas Ralph

Foundation Trust Name: Hampshire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Since retiring from the service, I have been a governor for Hampshire Hospitals for which I am in my second term and a Community Ambassador for the North Hampshire CCG. During my tenure I have undertaken many interesting areas of the role, from interviewing for executive staff and NEDs to being interviewed by the CQC. I sit on various sub-committees, such as Membership Communication and Engagement and Nomination, Remuneration and Evaluation. I have also been honoured to sit on the multi-agency committee of the Hampshire Together programme: modernising our Hospitals and Health Services. I feel I have a good breadth of experience in the role of a Public Governor, enhanced by being elected as their Lead Governor earlier this year. I would consider it an honour to be able to assist others in their journey and help other governors to enjoy their time in the role.

I have worked in healthcare throughout my thirty-eight year military career, providing everything from direct support to troops on the ground, to strategic overview and policy creation at MoD board level. I was honoured to serve as Commander Medical London, where I oversaw the planning and execution of healthcare for military personnel during landmark events including the Royal Wedding, Diamond Jubilee and the 2012 Olympic Games. My last role was the executive editor for the Defence Recovery Capability, the government policy dealing with the return of wounded, injured or sick service personnel to duty, or a useful civilian life.

Remaining Governor Term: 2 years

Mohammed Ramzan

Foundation Trust Name: Rotherham Doncaster and South Humber NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Hi Everyone. I'm Mohammed and I'm a Public Governor in Rotherham, South Yorkshire.

I would really like to join the GAC so that I can contribute my voice, influence peoples thinking with my views and to help continue to improve the service I and all my fellow Governors benefit from. It's so important we learn from each other and share what works and what doesn't – I believe as an established Governor I will be able to make a valuable contribution and use my experience to benefit everyone. I'm involved in a number of different roles including being a Governor and think this will help me too. I am an active Public Governor although I draw on my personal experiences (I'm also a Carer) and those of my family and community (I also have other voluntary roles) to make my contribution at RDaSH. Whilst I will reflect on my experience in South Yorkshire I'm also very keen on broader, national issues too. I would really like to push for there to be more Governors from a BAME background as well as younger people too so that as a collective our FT Governor body is truly representative of the communities our Trusts serve. I have attended NHS Providers events before and its great to listen to and talk to other Governors and this role would help me do this even more. Thank you for taking the time to consider me.

Remaining Governor Term: 10 months

Frieda Rimmer

Foundation Trust Name: Wirral University Teaching Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

With regard to my nomination to the National Governor Advisory Committee (GAC) I believe that I have both the necessary experience and interest to be of benefit as a member of the GAC. Having been a Public Governor for my local Trust, Wirral University Hospital Teaching Trust, for four years, I was previously employed within the NHS in both a clinical and senior management position. The last 10 years of my employment entailed liaising and developing services across community and acute care whilst also reporting to and working with local CCGs. My role in service development ensuring high quality, patient centred affordable care ensures that I have an embedded understanding of the lexicon of healthcare. I possess excellent communication and listening skills and have presented both nationally and internationally. I am enthusiastic, committed and I look forward to contributing to the development of the role of Trust Governor further enabling full use of this important and largely underutilised resource.

Remaining Governor Term: 2 years

Lesley Roberts

Foundation Trust Name: Midlands Partnership NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

As a Member Governor of the Midlands Partnership NHS Foundation Trust, I am currently the Chair of the Strategic Direction Engagement Group, involved with the development of Integrated Care Planning, which will lead to smooth and united care across health and social care.

I enjoy my role with the Trust and am keen to be involved in as many activities as I can. I recently attended the Providers conference, and found it inspiring, so when this opportunity arose, I asked if I could be nominated. I feel I could be a useful member of the committee, and think that a member from MPFT would be a positive contribution.

I am involved with both the MPFT and Keele University as a research champion, engaged in various research and patient centred projects; and I have recently been appointed to the Partnership Group of the West Midlands Clinical Research Network as a research champion, ensuring that research is robust and relevant to the changing landscape of patient requirements.

Thank you for this opportunity and for considering me for the role

Remaining Governor Term: 9 months and 14 days

Violet Rook

Foundation Trust Name: North East Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I was a nurse and midwife for more than 20 years, working in Northumberland, Durham, North and South Tyneside. I have also taught healthcare in Community Colleges, after gaining an Open University degree and a PG. Cert in Education and Development (Masters Level) and I am a Fellow of the Royal Society of Public Health.

My husband and I live in Newcastle and are very involved in community work. I am a Parish Councillor and a School and College Governor. I am a member of Newcastle Healthwatch and was Vice Chair of Newcastle Links, and a Community Voice, helping to promote public participation and provide information on health to all the diverse communities of Newcastle. I am also the representative for the northern region of the Association of Open University Graduates, a national organisation based in Milton Keynes.

The work of the ambulance service helps to unite services regarding a holistic view of healthcare and is an important link for communities, promoting public health and cohesion in NHS services, the pandemic illustrates this.

Attending Teams, Zoom and Google Meet events online are proving positive methods of servicing the public. I was involved with Imperial College and their testing of the Antibody Home testing kit in April.

I think my knowledge and experience of both healthcare and education and strategic teamwork would be valuable to NHS Providers.

Remaining Governor Term: 31 October 2022

Susan Ryan

Foundation Trust Name: Derbyshire Healthcare NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

A retired NHS Manager, I became an Amber Valley Public Governor of Derbyshire Healthcare NHS Trust at the beginning of 2020. During a 36 year NHS career, I have worked in senior roles across commissioning and provider organisations and have developed a broad skill set that has helped establish improved outcomes and health experience for our communities.

Supporting governors to be effective in their roles is critical. In early 2020 I experienced first hand, during the emergence of the Covid-19 pandemic, how my NHS Foundation Trust managed to maintain critical service continuity and public confidence during this unprecedented challenge. During this time as a public governor I have worked with colleagues to ensure the interests of patients, staff, communities and wider stakeholders have continued to be represented at the highest level of the organisation. Listening to the community has alerted me to issues, which I have been able to feed back and discuss effectively with the Trust and through new and innovative ways of digital and virtual communication, I have learnt that the spirit of the NHS in Derbyshire is alive and strong.

The skills and knowledge I will bring to the committee will be someone who will listen and learn, read reports, analyse issues and communicate effectively. Through the use of feedback from governors and innovative links to education I will support access, diversity and governor development, which will continue to increase the value that can be added through our activities in this vital role.

Remaining Governor Term: 31.03.2023

Anum Shuja

Foundation Trust Name: Royal Devon and Exeter NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Anum was elected as a staff governor in September 2019. She has over a decade of experience in client services and relationship management. She has worked for both, the private and not for profit sector including Canada's Revenue Agency, post-immigration support agency, a leading commercial bank and now the NHS. Anum joined the Royal Devon and Exeter NHS Foundation Trust in 2018, as a Patient Experience Lead for the Community Services Division. Anum is passionate about the NHS as a service user and an employee. She believes that the organization should continue to strive for the highest level of care, by ensuring the staff, patients and carers are at the centre of every decision made.

Over the last year, Anum has thoroughly enjoyed being part of the Governor's committee. As a vocal and valuable member of the team, Anum has sought assurances from the Trust regarding quality of care by reading and interpreting their periodic reports. Anum is particularly interested in improving communications between the Trust and its stakeholders, and therefore has become an active member of the Public and Members Engagement Group.

Anum understands governors play an essential role in the accountability of the Foundation Trust, therefore support for the governors is key to their development and success. Anum wants to support this agenda at a national level through GAC and is confident that she will be able to bring a fresh perspective and add value to the committee due to her unique and diverse experiences.

Remaining Governor Term: 10 months

Paul Smith

Foundation Trust Name: Mersey Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Paul Smith: Elected Public Governor

I graduated in 1998 with a BSc in Maritime Business and Management, I was forty years old so not the average 'student'. Following my degree, I switched my career path from the maritime industry to the NHS.

Joining a GP practice in Liverpool I began to understand the links between physical and mental health. I eventually moved to a larger practice in Cheshire becoming a partner and began to work more collaboratively with the NHS Primary Care Trust (PCT) and the mental health and community service provider.

In a time of change in the NHS organisational landscape I established a GP co-operative engaging and working closely with PCT and Hospital leadership. I was approached to serve as a trustee for a charity providing counselling services; I was elected chairman and served for over two years.

During my time in the NHS I gained a wide insight into its inner workings and the increasing challenge of mental health. On my retirement I was fortunate to be elected a public governor for Mersey Care.

During my time as governor, I have attended all of the NHS Providers Govern Well suite of training and more importantly developed links with governors around the country from different types of trusts gaining a deep respect for the role and the volunteers who serve.

It would be an honour to join the Governor Advisory Committee and continue the development of training in this important aspect of the governor role.

Remaining Governor Term: 10 months

Roger Stroud

Foundation Trust Name: Great Western Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a trust governor for 4 years, fully participating, in council of governors, work groups, committees, ward visits, observing board meetings, governor training and attending NHS Providers governors focus conferences.

For the last three years I have been lead governor and was recently elected deputy lead to support and mentor the new lead. I still have two years to serve as governor and intend to stand for a final term. In the last three years the governors have become more effective, establishing a better understanding and rapport with the non-executive directors and as lead governor instigated a BSW STP governors initiative between the three acute hospitals.

I spent my working life developing new pharmaceutical products for global markets and was heavily involved in reading, assimilating, and participating in UK pharmaceutical industry workgroups reviewing proposed new global registration and approval of pharmaceuticals legislation and successfully made representations to the regulators to make sound, scientifically changes to their proposals. In addition, I had a key product safety role, undertaking numerous inspections of pharmaceutical facilities globally to ensure compliance with international regulatory requirements. I have significant experience on committees in the workplace, as a charity trustee, school governor and NHS FT governor. I find it easy to work with all levels within organisations and have excellent communication skills.

If elected, as a highly motivated person who thrives on new challenges, I would welcome the opportunity to use my expertise, enthusiasm, passion, energy and time to make a meaningful contribution.

Remaining Governor Term: 2 years

Lesley Surman

Foundation Trust Name: Tameside and Glossop Integrated Care NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have worked as a nurse and a nurse educationalist all my working life; in practice I specialised in Care of the Elderly and in education Health Care Law and Ethics and Professional Issues.

I am a ardent advocate of the value of public voice and the contribution peoples experiences can make to influencing changes and future planning. I am a member of my PPG, Chair of my Neighbourhood Patient Group and of the Tameside and Glossop Patient Network. I am committed to the worth of continuous improvement to better the health and welfare of patients/people and communities. Trying to 'get it right' is not easy and relies heavily on good, open, honest and constructive relationships. Within any area under consideration there are many perspectives to consider and aspects to be debated. These conversations need be thoughtful and challenging whilst also respectful of the passion(s) that often exists within these talks.

I have been a governor for 4 years and lead governor of Tameside and Glossop Integrated Care Foundation Trust since June 2020. The role of a Trust Governor, although not easy to define or articulate is most definitely valuable and the more we can do to increase understanding and awareness of the value added by Governor involvement the better the rewards will be for all.

I believe I have good experience(s) and understandings to bring to this role and would welcome the opportunity to contribute to the GAC.

Dr Lesley Surman

EdD. MA. BA. RN. RCNT. RNT. OND.

Remaining Governor Term: 2 years

Adrian Thorne

Foundation Trust Name: Southern Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Appointed/Stakeholder

I am a Lead Governor, currently serving my second term as an Appointed Governor for Southern Health NHS Foundation Trust, where I have actively supported, and where appropriate, challenged the Trust to better meet the needs of carers as well as the outcomes and experiences of service users, patients and staff.

I am an active governor, working closely with stakeholders (including members, service users and carers), Governors, the Board, Staff, Divisions, Governance and Transformation Teams to support those striving for service transformation and excellence.

In addition to participating in all Governor meetings, I regularly attend both public and confidential Board meetings, including Board committees and been an active participant and champion for Quality Improvement. I am also a Mental Health Act Review Manager which brings me the additional rich insight into services our patients receive.

My ethos as Lead Governor is to focus, with Governors, to unite our passions and ambitions to work together in partnership, whilst respecting each other. This approach ensures Governors can better represent our members, enabling the best outcomes for all service users and carers. I believe that Governors collectively and individually can support and drive Trusts to become outstanding by ensuring that our own valid views are heard, understood and considered.

Remaining Governor Term: February 2022

Howard Tidman

Foundation Trust Name: Norfolk and Suffolk NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Staff

I would like to stand on NHS providers Governor Advisory Committee as I believe I have transferable skills. I would like to feed in and support and help shape the work that NHS Providers does to, to help and provide guidance and advice to support council of governors.

As a Psychiatric nurse I have excellent communication skills and am very experienced at using these skills to untangle difficult issues to their component parts and help provide clear information, I often use these skills to ensure that projects run smoothly.

I have been a Governor at Norfolk and Suffolk Foundation Trust for 6 years and Lead Governor for the past two years. I sincerely believe that the public voice and the voice of those who use our services needs to help coproduce decisions going forward. I believe that identifying areas of positive working or concerns is a priority to enable Council of Governors to work effectively.

I am currently working with NHS Providers to deliver a presentation to Lead Governors through the National Lead Governors Association on the proposed changes to the ICS and use this to feed into the governments consultation process hopefully to ensure that our members and service users voice is heard in the planning of future care delivery.

Remaining Governor Term: 3 years

Sheila Try MBE

Foundation Trust Name: Birmingham Community Healthcare NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

I am passionate and enthusiastic about the NHS as a user, carer and as a nurse with my NHS career being in a variety of roles in the community.

It was my interest in ensuring residents get the best service that I stood for Governor of Birmingham Community Health Care Foundation Trust (BCHC) and I was first elected as a Shadow Public Governor in 2014, and have been successfully re-elected.

Now I am retired I have the time and energy for this role and I would relish the opportunity to serve on this committee as a representative for my fellow governors and bringing all our views forward.

This year I was awarded an MBE for my 50+ years' service to the community and I would like to continue developing through the Governor Advisory Committee and bringing my knowledge and expertise to assist in the development of the Governor Role and their training.

BCHC is a large Trust and includes a dental hospital, regional rehabilitation services and intermediate care and in-patient wards as well as core and specialist community services.

I am Vice Chair of BCHC Patient Experience Group, I observe many of the Trust committees and participate in the BCHC appraisals system for Non-Executive Directors as well as the selection process for Executive and Non-Executive posts.

I enjoy committee work, have good communication skills and conversely I am a good listener and will bring my excellent analytical skills to the committee.

Remaining Governor Term: Term of Office until 31st March 2022

Karen Williams

Foundation Trust Name: Pennine Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Background

My professional career is in addressing domestic violence, substance misuse and as a national expert advisor on tackling serious youth violence. All of which has given me an understanding of how mental health is core to the work I have undertaken in behaviour change. My work was initially locally, regionally and then for over 20 years nationally with Whitehall working to assist local areas plan and deliver appropriate services to address these complex issues. I hold a BSc (Hons) Degree in Behavioural Sciences, a MSc in Methods of Research and Evaluation. I am a Chartered Psychologist.

Skills

I have extensive experience of partnership working with central government departments, leading multi-agency teams across England on the above issues. I write clear, concise reports along with recommendations working with partnerships to implement the recommendations. I am a good communicator including listening, contributing to meetings and presentation skills which was a core part of my work nationally.

Experience and suitability

I am a Governor for a Mental Health Foundation Trust. I recently attended the 3-day NHS Providers Virtual Conference and have had training from the local Trust on Equality, Diversity and Inclusion, BAME Patient and Carers Race Equality Framework (PCREF) and on Positive Ability. I am a member of the North West Ambulance Service Patient and Public Panel, a Director for an Academy Trust. I am a Reviewer for the National Institute for Health Research reviewing research papers. I was a carer for my husband when he developed Dementia.

Remaining Governor Term: Term of Office ends on 30 June 2023

Trevor Wooding

Foundation Trust Name: Liverpool Heart and Chest Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Trevor Wooding is the Senior Governor and a Public Governor for the Merseyside constituency at Liverpool Heart and Chest Hospital NHS Foundation Trust. Having just commenced his third term of office, Trevor holds a wealth of experience in the governor role and is a well-respected peer within the Trust's Council of Governors. Prior to undertaking the role Trevor was a heart patient at LHCH. He is hugely dedicated to ensuring that all patients receive the outstanding care that they deserve – just like he did.

Trevor played an instrumental role in the NHS Providers Governor Showcase Exhibition in 2019, when the Trust shared best practice for governors holding Non Executive Directors to account for the performance of the board. Trevor regularly attends national and regional Governor Conferences and Forums in order to develop his knowledge and understanding of the role. He is also keen to learn from other foundation trust governors, share experiences and readily offers support to others who are newer in the role. Trevor is enthusiastic in membership communications, recruitment and engagement. In particular, Trevor has been pivotal in the organisation of a range of health events in the community of which he has regularly hosted and confidently addressed the audience. He has also been part of a proactive team of governors that have attended community venues to attract and recruit new members for the hospital.

We believe Trevor would be an excellent addition to the Governor Advisory Committee if elected.

Remaining Governor Term: Ends September 2023

Appendix 1

Council of Governors 2021 Workplan

Agenda item	3 Feb Quarterly meeting	10 March Board to Council (private)	5 May Quarterly Meeting	7 July Board to Council (private)	29 July Annual Members Meeting	4 August Quarterly meeting	3 Nov Quarterly meeting	15 Dec Board to Council (private)
Chairman's Report	X		X			X	X	
Chief Executive's Report	X		X			X	X	
Annual Quality Account					X			
Annual Report and Accounts					X			
Annual Plan		X		X				
Annual Plan - Governor input		X		X				
Forward Agenda Plan	X		X			X	X	
Governor events – feedback			X			X	X	
Lead Governor's Report			X			X	X	
Feedback from Cttee's/Working Groups	X		X			X	X	
Governor's Communication Log	X		X			X	X	
Auditors Report to Governors					X			
Register of Interests			X					
Appointment of Lead/Deputy Governor	X							
Re-appointment of Chair/NEDs	X					X		
Company Secretary's Report	X		X			X	X	
Annual cttee/group membership review			X					
Membership Strategy							X	
Elections update report	X						X	
Election results report	X		X					
Ad hoc reports/presentations	X		X			X	X	

January 2021

**Report of the Membership Committee Chair
to the Council of Governors**

Meeting date:	12 January 2021
Report by:	Mary Lewis, Public Governor, South Hams and Plymouth (eastern area)
This report is for:	Information <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience <input type="checkbox"/> 2: Improved wellbeing through partnership <input checked="" type="checkbox"/> 3: Valuing our workforce <input type="checkbox"/> 4: Well led <input type="checkbox"/>
Public or Private	Public <input checked="" type="checkbox"/> or Private <input type="checkbox"/>
Key issues to highlight to the Council of Governors:	
<ul style="list-style-type: none"> • Hospital Radio – The Committee were informed that Barbara Inger had met with the Hospital Radio team and an interview with Barbara had been broadcast in December before she was taken ill. • Membership Leaflet Redesign – the Committee noted that the FT Office were awaiting the final proof for sign-off prior to printing. The distribution of the leaflets was discussed and agreed. • Membership Engagement Action Plan 2021 – as 2020 had seen considerable changes arising from the Covid pandemic, a useful discussion was held regarding progressing future engagement with FT members/wider public at this time. It was acknowledged that face-to-face engagement would be restricted for some months, and therefore increasing the use of social media would be the favoured method of engagement until such time as national social-distancing restrictions were eased. The Committee also noted that a widely distributed 'Healthy Futures Newsletter' is produced on a quarterly basis and Governors were asked for contributions to the Governor section of the newsletter. • Council of Governors Size and Composition – discussion was held regarding membership numbers in each Constituency. The Committee went on to discuss the number of Governors based on membership numbers and population size within each Constituency. It was acknowledged that consideration of the size and composition of the Council of Governors was outside the direct scope of this Committee, but wished to raise awareness with fellow Governors. • Committee Membership – the need to refresh membership of the Committee was discussed and expressions of interest would be invited via the report to the Council of Governors and advertised in the Governor Newsletter. • 	
Key decision(s)/recommendations made by the Committee:	
<ol style="list-style-type: none"> 1. To move forward with the Engagement Action Plan, reflecting Covid restrictions. 2. To raise awareness with Governors of the discussion regarding the size and composition of the Council of Governors. 3. Expressions of interest to join the Membership Committee were invited from Governors. 	

COUNCIL OF GOVERNORS															
Report title: Feedback and Questions from Members and Governors, including Governor Communication Log			Meeting date: 3 February 2021												
Report appendix	Appendix 1: Governor Questions Appendix 2: Governor communications Log														
Report sponsor	Company Secretary														
Report author	Membership Manager														
Report provenance	Council of Governors standing agenda items														
Purpose of the report and key issues for consideration/decision	Governors have the opportunity to submit questions on notice to the Trust. Appendix 1 lists the questions received. Responses will be provided verbally by Directors at the Council of Governors meeting, as per previous practice. In addition, the Council of Governors receives as a standing item, the Governor Communications Log. Appendix 2 lists any questions raised by Governors and the answers received, since the previous CoG meeting.														
Action required	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>												
Recommendation	The Council of Governors is asked to receive and note Governor Questions on notice and the Governor Communications Log.														
Summary of key elements															
Strategic objectives supported by this report	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Safe, quality care and best experience</td> <td style="width: 20px;"></td> <td style="padding: 5px;">Valuing our workforce</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Improved wellbeing through partnership</td> <td style="text-align: center;">X</td> <td style="padding: 5px;">Well-led</td> <td></td> </tr> </table>			Safe, quality care and best experience		Valuing our workforce		Improved wellbeing through partnership	X	Well-led					
Safe, quality care and best experience		Valuing our workforce													
Improved wellbeing through partnership	X	Well-led													
Is this on the Trust's Board Assurance Framework and/or Risk Register	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Board Assurance Framework</td> <td style="text-align: center;">n/a</td> <td style="padding: 5px;">Risk score</td> <td></td> </tr> <tr> <td style="padding: 5px;">Risk Register</td> <td style="text-align: center;">n/a</td> <td style="padding: 5px;">Risk score</td> <td></td> </tr> </table>			Board Assurance Framework	n/a	Risk score		Risk Register	n/a	Risk score					
Board Assurance Framework	n/a	Risk score													
Risk Register	n/a	Risk score													
External standards affected by this report and associated risks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Care Quality Commission</td> <td></td> <td style="padding: 5px;">Terms of Authorisation</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="padding: 5px;">NHS Improvement</td> <td></td> <td style="padding: 5px;">Legislation</td> <td></td> </tr> <tr> <td style="padding: 5px;">NHS England</td> <td></td> <td style="padding: 5px;">National policy/guidance</td> <td></td> </tr> </table>			Care Quality Commission		Terms of Authorisation	X	NHS Improvement		Legislation		NHS England		National policy/guidance	
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COUNCIL OF GOVERNORS MEETING – 03 FEBRUARY 2021

Question from South Hams and Plymouth (East) Governor:

1. How is the Trust going to engage with Governors and patients with the Trusts developing plans for Transforming Health and Care through Digital?

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	Status
85	Thursday 22 October 2020	Rosemary Rowe	CoG	Can you let me know when the Totnes Minor Injuries unit will be reopening? (Request from another Totnes District Cllr)	A Jones - DoTP	Monday 2 November 2020	<p>Thank you for your question, we recognise that access to urgent care in our more remote communities is really important and we continue to work hard to address the issue you raise.</p> <p>We had introduced a temporary reduction in opening times in July 2019 at Totnes Minor Injuries Unit (MIU) at the start and end of the day to ensure patients could still access them during their busiest times. This reduction was primarily due to staffing issues which is compounded by a national shortage of specialist advanced nurse/paramedic practitioners and radiographers that is affecting our ability to recruit sufficient highly skilled staff needed to provide full urgent care services at our minor injury units.</p> <p>Totnes MIU reduced to 9am to 6pm (seven days a week) from the 8am to 8pm opening hours.</p> <p>Newton Abbot Urgent Treatment Centre (UTC) remains open from 8am to 8pm, seven days a week, with an X-ray service from 9am to 5pm seven days a week.</p> <p>The COVID-19 pandemic introduced additional challenges for the Trust: We have had to ensure social distancing is in place, which has reduced the capacity of waiting areas and clinical environments and we have carried out enhanced infection control measures to keep people safe.</p> <p>To ensure we could continue to provide a safe and resilient minor injuries service for our whole population through the pandemic, in collaboration with Devon Clinical Commissioning Group, a decision was made to temporarily close Totnes MIU on 19th March. Unfortunately over the summer and into the autumn we were still experiencing workforce shortages and so we are taking action to address this on two fronts:</p> <ul style="list-style-type: none"> •Firstly we are currently in discussion with our CCG to agree new ways to ensure the delivery of more local community urgent care to ensure that where possible extended access to treatment is available locally. •We are actively recruiting to vacant roles needed to run the MIUs and these are currently out to advert. The closing date is the 8th of November, from then candidates will be shortlisted and interviewed from Wednesday 18th November. A decision will be made on the date of the interview and formal checks will be completed to finalise the offer to the candidates with a likely 2- 3 month notice period for them. An indicative start date would therefore be February/ March 2021. At which time we will then be able to assess whether our staffing levels enable us to re-open the MIU. <p>I can also confirm that the non urgent plain film radiology at Totnes has continued.</p>	Responded
86	Thursday 22 October 2020	Craig Davidson	South Hams	<p>You will remember it became difficult to continue to staff the MIU at Totnes early in the Covid crisis. Unfortunately I had rather assumed it had re-opened along with the drive to re-establish a normal service for non Covid illness in the summer months. It therefore was a shock to learn it remains closed.</p> <p>This is of concern to South Hams residents but even more so to Dartmouth and surrounding villages who feel even more isolated and who rather reluctantly accepted the closure of a MIU in Dartmouth because Totnes was 20-30 mins drive. To find it's either Newton Abbott or Torbay they need attend for minor trauma and illness when directed to do so by GP involves a long journey and availability of transport. What many fear is that the closure will be permanent.</p> <p>Can I seek assurance this is not the case and ask whether re-opening sometime soon is possible? I presume non urgent plain radiology at Totnes is also suspended?</p>	A Jones - DoTP	Monday 2 November 2020	<p>Thank you for your question, we recognise that access to urgent care in our more remote communities is really important and we continue to work hard to address the issue you raise.</p> <p>We had introduced a temporary reduction in opening times in July 2019 at Totnes Minor Injuries Unit (MIU) at the start and end of the day to ensure patients could still access them during their busiest times. This reduction was primarily due to staffing issues which is compounded by a national shortage of specialist advanced nurse/paramedic practitioners and radiographers that is affecting our ability to recruit sufficient highly skilled staff needed to provide full urgent care services at our minor injury units.</p> <p>Totnes MIU reduced to 9am to 6pm (seven days a week) from the 8am to 8pm opening hours.</p> <p>Newton Abbot Urgent Treatment Centre (UTC) remains open from 8am to 8pm, seven days a week, with an X-ray service from 9am to 5pm seven days a week.</p> <p>The COVID-19 pandemic introduced additional challenges for the Trust: We have had to ensure social distancing is in place, which has reduced the capacity of waiting areas and clinical environments and we have carried out enhanced infection control measures to keep people safe.</p> <p>To ensure we could continue to provide a safe and resilient minor injuries service for our whole population through the pandemic, in collaboration with Devon Clinical Commissioning Group, a decision was made to temporarily close Totnes MIU on 19th March. Unfortunately over the summer and into the autumn we were still experiencing workforce shortages and so we are taking action to address this on two fronts:</p> <ul style="list-style-type: none"> •Firstly we are currently in discussion with our CCG to agree new ways to ensure the delivery of more local community urgent care to ensure that where possible extended access to treatment is available locally. •We are actively recruiting to vacant roles needed to run the MIUs and these are currently out to advert. The closing date is the 8th of November, from then candidates will be shortlisted and interviewed from Wednesday 18th November. A decision will be made on the date of the interview and formal checks will be completed to finalise the offer to the candidates with a likely 2- 3 month notice period for them. An indicative start date would therefore be February/ March 2021. At which time we will then be able to assess whether our staffing levels enable us to re-open the MIU. <p>I can also confirm that the non urgent plain film radiology at Totnes has continued.</p>	Responded
87	Saturday 24 October 2020	John Kiddey	Torbay	<p>Covid information - Questions to The Trust:</p> <ol style="list-style-type: none"> 1) Why were governors not informed of the recent Covid deaths in the hospitals before the media? 2) How many new covid cases have been identified within the hospital over the past two weeks? 3) How many staff have been tested positive for covid in the past two weeks? 4) Please provide a breakdown of covid cases which have lead to hospital admissions over the last three weeks. 5) How many staff are currently self-isolating as a result of being in contact with people who tested positive for covid and in which areas do they normally work? 	A Jones - DoTP	Monday 2 November 2020	<p>Thank you very much for your question about having more information on how the Trust is being impacted by COVID-19.</p> <p>We absolutely appreciate the need for Governors to receive the information in order to fully carry out their role and we are looking at how best we can improve on the communications you are receiving. I understand that you have agreed to work with us and along with our Council of Governors we look forward to making real progress on improving the way we communicate and engage with you.</p> <p>Unfortunately the number of people sadly dying from Covid-19 is reported nationally via Public Health England and that is then picked up by the media. Our intention is to provide Governors with information relating to the challenges of COVID-19 as part of the fortnightly newsletter you receive starting from the next one coming out in two week's time. In that we can include the types of figures that you are requesting and then update regularly.</p> <p>In answer to your specific questions I can tell you that currently we have:</p> <ul style="list-style-type: none"> •37 patients in Acute care at Torbay hospital or community bed-based care in Brixham Hospital who are COVID-19 positive •37 staff have tested positive in the last two weeks •26 staff who are either COVID-19 positive or are having to isolate and staff will work in a variety of areas but most are in clinical roles. <p>For patients COVID-19 positive in the period you asked for:</p> <ul style="list-style-type: none"> •There were 34 patients admitted with a COVID positive diagnosis, in the last 3 weeks, from 10/10/2020 to 30/10/2020 inclusive •There were 26 patients who had a Healthcare Acquired Infection (HCAI) with COVID, in the last 2 weeks, from 17/10/2020 to 30/10/2020 inclusive <p>I hope this information helps but as I say most of it is just a snapshot of the numbers on a particular day (29 October) and we are committed to providing information from now on on a regular basis for all Governor</p> <p>Once again thank you for asking about this information and I would like to assure you that we are committed to providing Governors with all the information they need in a timely manner.</p>	Responded

88	Tuesday 27 October 2020	Craig Davidson	South Hams	Do the Trust offer written and verbal advice to Covid +ve patients on their responsibility to inform close contacts (2-3 days before symptom onset) that they should isolate? In the case I refer to this did not happen although the partner was told to quarantine. What is the Trust's understanding of what happens to the information reported to NHS England? Again, in this case, there was no contact made so no 'track & trace'. As the GPs are not informed of their patients who test positive by testing centres it seems nothing is joined up. Be grateful for view from Microbiology dept.	D Kelly - CN	Monday 2 November 2020	We verbally advise all next of kin but do not track and trace contacts for inpatients who test positive - this remains the responsibility of PHE under Pillar 2. PHE receive all positive results electronically and at the same time it goes to NHS Test & Trace. The T&T system will contact patients and their contacts and provide isolation advice. Patients who cannot be reached for whatever reason (including inpatients) and after 10 attempts over 48hours they will be marked as "Failed to Follow Up" and shared with Local Authority. Local authorities will make further attempts to reach those FFU patients either by knocking on doors or sending letters, to our knowledge this is not happening in Torbay/ South Devon area. We recognise that there is a need to ensure that all reasonable steps are taken to optimise T&T and while the hospital cannot undertake and the work outside the national T&T program, we are working closely with Torbay Council to develop shared written communication for patients.	Responded
89	Wednesday 28 October 2020	Lynne Hookings	Torbay	We are being informed of an Internal Significant Incident (lat week and today) - but have no knowledge what that is. We have asked repeatedly to be informed of the nature of a serious problem at the Trust - particularly in connection with Covid 19 cases - but the Trust does not 'appear' to trust us with such information. It seems that as a Governor I have to rely on rumours and the local press, to tell me what is happening at the Trust and I do not think this is satisfactory. One of our prime roles is to engage with the community - how can we possible do this - or dispel any bad rumours - when we are not entrusted with information.	A Jones - DoTP	Thursday 19 November 2020	Thank you very much for your feedback on escalation email that was sent out to our staff. We are absolutely committed to communicate and engage Governors on key information and want to ensure you get everything you need to be able to fulfil your roles. As you know we have been actively looking at how we better communicate with governors on key information such as this and this was discussed at the recent Council of Governors meeting. At the meeting we committed to providing a weekly update for Governors that will include information on our Covid-19 response including the numbers of inpatients and sadly the numbers who have died in our care. We will also include answers to some of the frequently asked questions as well as a 'jargon buster' as we know even though in our public communications we aim to always avoid jargon that Governors will come across terms they are not familiar with. The first update was sent out on Friday, 13 November 2020. I do hope that this will help us to better communicate but we are always looking to improve so please do continue to feedback as that is really helpful.	Responded
90	Wednesday 28 October 2020	Jonathan Shribman	South Hams	Following on from Monday's FDPC, can I ask how the Trust is approaching the Digital Transformation of outpatients? I am concerned that F2F consultations may be being reduced to the extent that really important discussions might be only online. In particular the diagnosis and management of new cancers. I am aware that practice already before COVID was for the Site Specific Specialist Nurse to ring the patient and let them know the histology from their 2WW and whether they had cancer or not and that their case would be discussed at the next MDT. I have no problem with this as the patient is of course desperate to know the results and a prompt phone call for their SN is entirely appropriate. Does the Trust have a policy of how much outpatient activity should be online or is it left up the respective Consultant? Has the Trust done the modelling (or using others work) to look at the efficiencies of online consultations – both in terms of time and space needed in outpatients? Is this available? Whilst online consultations whether video or phone protects the patients (and the doctors) from being at risk sometimes the consultation is so critical that a F2F is necessary to maintain Good Practice. I would be interested to hear how the Trust is dealing with this. I have come across a TBSD patient who recently may not have had the best care.	A Jones - DoTP	Friday 6 November 2020	Joanne Watson Spoke to Dr Shribman at request of Adel Jones. Email response back from Dr Shribman was as follows; Joanne Thank you for taking the time from your ward round to speak to me the other morning. It was very helpful to have the strategic background and some of the detail of the processes the Trust has been undertaking to transform outpatients. From a Governor and patient point of view the priorities for this work would probably include: •Consent and Choice •Communication •BNAs analysis and Follow up with practices to make sure patients not lost to system Happy to discuss further	Responded
91	Monday 04 January 2021	John Kiddey	Torbay	Please submit the following question on my behalf to the management: Media reports this week (2nd Jan) have suggested that the covid crisis means patients facing acute overcrowding problems may be sent to hospitals in areas under less pressure such as the south west. Please confirm the following: 1) What plans are in place at Torbay to receive patients from other parts of Britain? 2) Will the Exeter Nightingale be used to help ease the problem? 3)What additional resources will be made available from central government to help deal with the extra workload? 2) What extra precautions will be necessary at the hospital in the event of patients being sent from areas where the new covid strain is well established?	A Jones - DoTP	Monday 11 January 2021	1) What plans are in place at Torbay to receive patients from other parts of Britain? As part of the Devon STP, we have mutual aid arrangements in place. We work with our partner Trusts to support each other in making best use of our existing capacity and providing the best care for those who need it. In addition, during the ongoing pandemic, the mutual aid arrangements are extended across the whole country in accordance with national requirements. 2) Will the Exeter Nightingale be used to help ease the problem? Yes, the Exeter Nightingale is a key element of our plans for handling a surge in COVID-19 cases in the South West. We have already supported the care for a number of patients through transfer to the Exeter Nightingale, following agreed protocols to ensure safe transfers of care. Some of our staff have also volunteered to work in the Nightingale, alongside colleagues from across Devon. 3) What additional resources will be made available from central government to help deal with the extra workload? The NHS has introduced a different financial framework for this year, to reflect the circumstances in which we are operating. Additional resources are being deployed nationally and locally as needed. 4) What extra precautions will be necessary at the hospital in the event of patients being sent from areas where the new covid strain is well established? We have already made changes to our pathways to keep all our patients as safe as possible, with dedicated pathways for COVID-19 and non-COVID-19 patients, and clear guidance to staff on use of appropriate PPE. We know the new strain of the virus is reported to be more transmissible, so we have reviewed our infection prevention and control and PP protocols and are asking staff to remain vigilant in following these protocols.	Responded