

**Council of Governors Meeting**

**Wednesday 17<sup>th</sup> June 2020  
at 5.30 – 7.00pm  
Via MS Teams**

**AGENDA**

Item	Time	TITLE AND PURPOSE	Lead	Reference
1		Welcome and Apologies	Chair	Verbal
2		Declaration of Interests	Chair	Verbal
3		Minutes of the Previous Meetings <ul style="list-style-type: none"> <li>Council Meeting – 19 March 2020</li> </ul>	Chair	Paper A
4		Matters Arising and Action Points	Chair	Verbal
<b>FORMAL BUSINESS</b>				
5		Chief Executive's Update	Dep. CEO	Verbal
6		Report from the Nominations and Remuneration Committee	Trust Sec	Paper B
7		Annual Report and Accounts	Trust Sec	Verbal
<b>DISCUSSION ITEMS</b>				
8		Staff Survey Results and Action Plan	Neil Savage	Paper C
9		Governor Membership and Elections Update	Trust Sec	Paper D
10		Council Membership Review and Refresh Update	Trust Sec	Paper E
<b>INFORMATION TO NOTE</b>				
11		Chair's Report <ul style="list-style-type: none"> <li>Non-Executive Director Portfolios</li> </ul>	Chair	Paper F
12		Council of Governors Updates	Governors	Verbal
13		Date of next meeting <ul style="list-style-type: none"> <li>Wednesday 16 September – 2.00 – 4.00pm (pre-meet 1.15 – 1.45pm)</li> <li>Thursday 19 November – 2.30 – 4.30pm (pre-meet 1.45 - 2.15pm)</li> </ul>		

**DRAFT MINUTES  
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS MEETING**

**Thursday, 19<sup>th</sup> March 2020**

**Via Teleconference**

**PRESENT:** Graham Russell (Chair)  
Vic Godding                      Miles Goodwin                      June Hennell                      Stephen McDonnell  
Katie Clark                      Bren McInerney                      Anneka Newman                      Sarah Nicholson  
Brian Robinson                      Anne Roberts                      David Summers                      Jo Smith

**IN ATTENDANCE:** Steve Alvis, Non-Executive Director  
Gordon Benson, Associate Director of Clinical Governance (part)  
Maria Bond, Non-Executive Director  
Marcia Gallagher, Non-Executive Director  
Anna Hilditch, Assistant Trust Secretary  
Sumita Hutchison, Non-Executive Director  
Marianne Julebin, Trust Secretariat  
Jan Marriot, Non-Executive Director  
Paul Roberts, Chief Executive (Item 1-2)  
Lavinia Rowsell, Head of Corporate Governance

**1. WELCOMES AND APOLOGIES**

- 1.1 Apologies were received from Ingrid Barker, Mervyn Dawe, Said Hansdot, Cherry Newton, Jenny Hincks, Karen Bennett, Alison Feher, Faisal Khan, Nic Matthews, Katherine Stratton, Simon Smith and Lawrence Fielder.
- 1.2 The Chair opened the meeting with thanks to all for giving their time during this unprecedented time. As a result of the current situation with Covid-19, the agenda for the meeting had been reviewed and all non-urgent items deferred to allow time for the Governors to receive an update report from the Chief Executive.
- 1.3 The Chair welcomed and introduced three newly-elected Governors: Cllr Brian Robinson (GCC, Appointed), Katherine Stratton (Staff) and Sarah Nicholson (Staff).

**2. CHIEF EXECUTIVE'S REPORT (Agenda Item 11)**

**2.1 Coronavirus update**

Paul Roberts' report focused on the coronavirus health crisis which was driving the work of the Trust at present. Public Health England was co-ordinating the response on behalf of the NHS. Managing the pandemic has seen increased numbers in A&E and huge demand on services across the system. GHC had been one of the first Trusts to set up community, home and drive-through testing. However, tests are in short supply internationally and all Trusts are operating at a relatively low level of testing.

Sian Thomas, Deputy Chief Operating Officer had been appointed to co-ordinate the management of the incident for the Trust. There were daily briefings within the Trust,

with GHT, the CCG, primary and social care colleagues, the ambulance services and other statutory services and this network of coordination was replicated at regional and national level.

PR reported that with a historically high vacancy rate, staffing pressures were a major concern across the organisation, especially in community nursing. At the meeting date, 178 staff were in self-isolation and staff testing was not yet available. There were ongoing discussions at a national level regarding this as well concerns regarding the availability of personal protective equipment (PPE).

PR continued that in order for the Trust to appropriately respond to the pandemic and support the wider system, some of its current services would need to cease in their current form. The Trust leadership team was reviewing and prioritising all services, identifying those which could be put on hold either to free up capacity or staff for a short period, while ensuring that appropriate arrangements were made for vulnerable patients.

## **2.2 Herefordshire Update**

PR reported that Herefordshire services transfer to Worcestershire Health and Care at the end of the month would proceed as planned. Arrangements for coronavirus around staffing, isolation and equipment for Herefordshire had mirrored those for Gloucestershire and teams there were already working closely with the community service teams at Wye Valley and Worcestershire Health and Care.

## **2.3 Corporate Governance**

PR advised that the leadership team had been developing work-from-home arrangements or redeployment of roles for corporate services staff in order to support clinical services. Non-urgent business was being stood down with Lavinia Rowsell (LR) reviewing all governance requirements. This would include the forward plan for Governor activities. In light of national guidance, all Governor's meetings would need to take place virtually for the time being,

BM conveyed thanks on behalf of Governors for the phenomenal work of the leadership team and staff across the in responding to the pandemic and requested that staff wellbeing be top priority during this difficult period. PR reported that health and wellbeing support programmes had been extended for all colleagues.

PR thanked the Governors for their contribution and understanding and left the meeting. David Summers raised the question whether Herefordshire Officers had been notified that the transfer of services was going ahead. The Chair advised that PR had left the meeting and that the question would be put to him to answer outside the meeting. *[Post meeting note: Trust Secretary confirmed that all stakeholders were aware of the position in relation to the transfer of services]*

## **3. FORMAL BUSINESS**

- 3.1 The Chair reiterated the apologies received from Simon Smith, Interim Lead Governor and Ingrid Barker, Chair of the Board.
- 3.2 In terms of the minutes from the previous meeting, the Chair advised that written comments and an update had been received from Bren McInerney (BM). These included a typographical amendment to the minutes to include a correction to the name

of the University of Gloucestershire. Subject to the correction, the minutes of the Council meeting held on 21<sup>st</sup> January 2020 were agreed as a correct record.

#### **4. MATTERS ARISING AND ACTION POINTS**

- 4.1 LR confirmed that all actions from the previous meeting were either complete, on-going or included on this meeting's Agenda.
- 4.2 Feedback from the meeting evaluation form was noted.

#### **5. CHAIR'S REPORT**

- 5.1 The Chair's Report was taken as read. GR advised that Sue Mead, interim Non-Executive Director had stepped down. Governors expressed thanks for her excellent contribution over the years. BM requested that the Lead Governor write to Sue Mead on behalf of Governors.

#### **6 MEMBERSHIP UPDATE**

- 6.1 LR congratulated the three new Governors on their election and appointment. LR advised that the remaining elections would be held as soon as possible, given the current circumstances.
- 6.2 LR requested that Governors approve the termination of Craig Pryce's term as Governor on the basis of his failure to meet the attendance and communication requirements set out in the Constitution. APPROVED.

#### **7. NOMINATION AND REMUNERATION COMMITTEE**

- 7.1 LR referred to Paper E which provided updates on the recruitment of the 7<sup>th</sup> NED and the Chair's and NEDS' appraisal processes. As the pre-meet was cancelled, LR together with Marcia Gallagher (MG) would find another way to communicate with Governors to move this process forward. Vic Godding (VG) advised that he could now only attend meetings virtually. LR agreed that it was likely all meetings would be held virtually until further notice.

***ACTION: LR and MG to contact Governors regarding Chair's and NEDS' appraisal process.***

#### **8. PROPOSED CHANGES TO THE CONSTITUTION**

- 8.1 LR highlighted minor changes to the Constitution arising from the merger and transfer of Herefordshire services. Anne Roberts (AR) queried whether some of the wording in the Constitution needed to be updated. LR agreed to review the document. AR also queried how Herefordshire Governors would be replaced. LR responded that this point would fall within the Review and Refresh working group which would set the framework and structure of the Council of Governors for the new Trust.
- 8.2 June Hennell (JH) questioned whether all Governors had complied with article 14.3.1 and returned their Code of Conduct forms. LR confirmed that this was an annual requirement, that the Secretariat kept a log of responses and non-respondents were chased.

## **9. REVIEW AND REFRESH UPDATE**

- 9.1 LR spoke to the recommendations in Paper H which provided an update on the training and development plans for the Council of Governors as well as looking at practices and structures comparable at other Trusts. It was proposed that the Review and Refresh work be taken forward through two working groups of the Council of Governors focussing on membership and governance with meetings conducted via. LR asked that any Governors who wish to participate in a working group contact her directly. This was AGREED.

## **10. ANNUAL QUALITY REPORT**

- 10.1 The Chair introduced Gordon Benson (GB) to speak on behalf of John Trevains, Director of Nursing, Therapies and Quality and advised that any Quality Indicators contained in the report could substantially change given the current situation. GB asked Governors to note the progress made in the Quarter 3 Report appended to Paper H. Governors NOTED the progress and ENDORSED the proposed quality priorities for 2020/21.
- 10.2 Governors were asked to choose a local indicator that they would like to be subject to audit. LR conducted a poll of Governors and the majority vote from Governors was for Indicator 5 from the Mental Health list – Information on who to contact outside of office hours in a crisis. GB thanked Governors and left the meeting.

## **INFORMATION TO NOTE**

### **11. Council of Governor Visits**

BM provided feedback on the visit to Quedgeley Children's Hub. Both BM and GR praised the fantastic multi-disciplinary team which provided case studies of the many vulnerable families they help.

### **12. Feedback from Governor Observers**

VG sat on the Quality Committee as an Observer and reported that the Committee and its Chair did an excellent job under much pressure and time constraints. JH endorsed VG's praise.

MG reported that the Audit Committee of 13<sup>th</sup> February did not have any Observers. This was NOTED.

## **12. ANY OTHER BUSINESS**

### **12.1 Formal thanks to Herefordshire Governors**

The Chair thanked Herefordshire Governors for their contribution and dedication over the years. VG and GM added their personal thanks to Miles Goodwin, Cherry Newton, David Summers and Jade Brooks. Marianne Julebin conveyed that a goodbye to all Governors and a message of best wishes messages had been received from Cherry Newton. GR thanked and praised the Herefordshire governors for their contribution over the years.

### **12.2 Dates of next meeting**

LR reported that meetings will go ahead either via teleconference or video conference to ensure as many participants as possible can attend. The March Board meeting was now to be held in private.

Board Committees will be pared back now and we are working with Chairs of the Committees to determine best practice during the current situation.

The Chair ended the meeting by thanking all who had participated.

**Council of Governors  
Main Meeting Action Points**

<b>Item</b>	<b>Action</b>	<b>Lead</b>	<b>Progress</b>
<b>19 March 2020 Main meeting</b>			
7	Contact Governors regarding Chair's and NEDS' appraisal process.	LR / MG	Completed
9	Governors to put their names forward to Lavinia Rowsell to participate in two Review & Refresh Working Groups	Governors	On Agendaw

**AGENDA ITEM: 6**

**Paper B**

**Report to:** Council of Governors – 17 June 2020

**Author:** Assistant Trust Secretary

**Presented by:** Mervyn Dawe, Public Governor and Member of the Nominations and Remuneration Committee

**SUBJECT:** **Nominations and Remuneration Committee Summary Report**

<b>Can this subject be discussed at a public Governor meeting?</b>	<b>Yes</b>
<b>If not, explain why</b>	

<b>This report is provided for:</b>			
Decision	Endorsement	<b>Assurance</b>	<b>Information</b>

**PURPOSE OF REPORT**

To provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration Committee, held on 9 June 2020.

**Role of the Nominations and Remuneration Committee**  
*The Committee is a committee of the Council of Governors and will advise the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non-Executive Directors of the Board. The Committee has delegated authority to manage and oversee the appointment and appraisal processes for the Chair and Non-Executive Directors on behalf of the Council.*

**KEY POINTS TO DRAW TO THE COUNCIL’S ATTENTION**

**Chair Appraisal Report**  
 Marcia Gallagher, Senior Independent Director presented the outcome report from the Chair’s appraisal process.

The report set out the process that had been followed, summarised the key themes emerging from feedback received from stakeholders (Board members, Governors and system partners), summarised the outcome of the appraisal discussion and set out next steps in finalising the appraisal documentation in advance of submission to NHS Improvement.

The Committee noted that much of this year’s appraisal process had be undertaken in the midst of responding to the Covid-19 pandemic. Every effort had been made to seek the views of as wide a range of stakeholders as possible, with the approach being adapted in order to observe social distancing requirements. Thanks were therefore given to all those who had supported the process this year.

The appraisal was conducted in accordance with the framework provided by NHS Improvement and feedback was sought from key stakeholders on the Chair's performance under the five NHS provider competency domains:

- Strategic
- Partnerships
- People
- Professional acumen
- Outcomes focus

The Committee was pleased to receive and note the very positive appraisal report for Ingrid Barker, acknowledging that the past year had been complex and challenging with a merger and Covid-19 to steer through. Ingrid is seen as a compassionate, approachable and responsive Chair dedicated to those people served by the Trust, with a strong commitment to partnership and system wide working.

Thanks were expressed to Marcia Gallagher for carrying out the appraisal and providing such a comprehensive report to the Committee.

### **Non-Executive Director (NED) Appraisal Reports**

Ingrid Barker, Trust Chair presented the outcome report from the Non-Executive Directors' appraisal process. Appraisals were completed for Marcia Gallagher, Duncan Sutherland, Graham Russell, Maria Bond, Sumita Hutchinson and Jan Marriott. Newly appointed Associate Non-Executive Directors Dr Steve Alvis and Steve Brittan were not included in the appraisal process this year.

All six appraised NEDs had made valuable contributions to the Trust and were performing well at Board, as Committee Chairs and across their broader roles. It was noted that there were no performance issues to be raised with the Nomination and Remuneration Committee or with the Council of Governors. The Committee noted the positive appraisal report for the Non-Executive Directors. The diverse range of skills, experience and backgrounds within the NED pool was seen as very valuable.

The Committee discussed the response rate to both the NED and Chair appraisals from Governors, with Committee members expressing some disappointment that only 9 responses were received. However, it was felt that this was understandable given the number of vacant posts and newly appointed Governors who would not have been in a position to contribute on this occasion. Governors would be encouraged to contribute next year and a framework for Governors to use to provide their feedback would also be considered.

### **Associate Non-Executive Director Appointment**

The Committee received and noted a report setting out the recruitment process and subsequent appointment of Steve Brittan as an Associate Non-Executive Director with effect from 18 May 2020.

This appointment was aimed at filling a vacancy on the Board which is scheduled to arise on 1 October 2020 with the retirement of Duncan Sutherland. Given the Covid-19 pandemic, and following social distancing requirements, initial interviews for the position took place remotely via Microsoft Teams. As it was not possible in the current circumstances to conduct the usual set of stakeholder focus groups to inform the process, the decision was taken to offer the role on an Associate Non-Executive basis with a view to commuting it to a standard Non-Executive Director role once lockdown was over and the final focus group element of the usual appointment process could be completed.

Given the changing nature of the pandemic and related government guidance, at this point it is difficult to set a definitive date at which the final parts of the appointment process for the NED appointment will be completed. However, given the forthcoming retirement of Duncan Sutherland, the stakeholder focus group arrangements will be reviewed in July with a view to completing the appointment process either remotely or virtually ideally in September 2020. This will ensure that an appropriate balance of Non-Executive to Executive Directors is maintained on the Board.

**Lead Governor Position**

The Committee was informed that the Trust’s interim Lead Governor had sadly resigned from his position as Public Governor for the Forest. The Trust is required to have a nominated Lead Governor and the Committee was asked to consider how it would wish to proceed with seeking another nomination. The next Council of Governor pre-meeting would be used to consider options further with the wider Council.

**Nominations and Remuneration Committee Membership**

The Council of Governors is asked to endorse the appointment of June Hennell as a member of the Nominations and Remuneration Committee. Further appointments to the Committee will be required and the process for this will be carried out in line with the Governor Review and Refresh work.

**RECOMMENDATIONS**

The Nominations and Remuneration recommend that the Council of Governors:

- **Note** the positive outcome of the 2019/20 appraisal of the Trust Chair
- **Note** the positive outcome of the 2019/20 appraisals of the Non-Executive Directors.
- **Note** the appointment of Steve Brittan as an Associate NED and the proposals to commute this to a full NED position
- **Note** that a discussion took place about progressing the appointment of an interim Lead Governor
- **Endorse** the appointment of June Hennell, Public Governor for Stroud, to the Nominations and Remuneration Committee

<b>Report authorised by:</b> Lavinia Rowsell	<b>Date:</b> 11 June 2020

**Where has this issue been discussed before?** Previous Council of Governor meetings

<b>Appendix to this Paper</b>	
No appendices	



with you, for you

**NHS**

**Gloucestershire Health and Care**  
NHS Foundation Trust



# Council of Governors Staff Survey 2019

June 2020



**Neil Savage**  
Director of HR & OD



working together | always improving | respectful and kind | making a difference

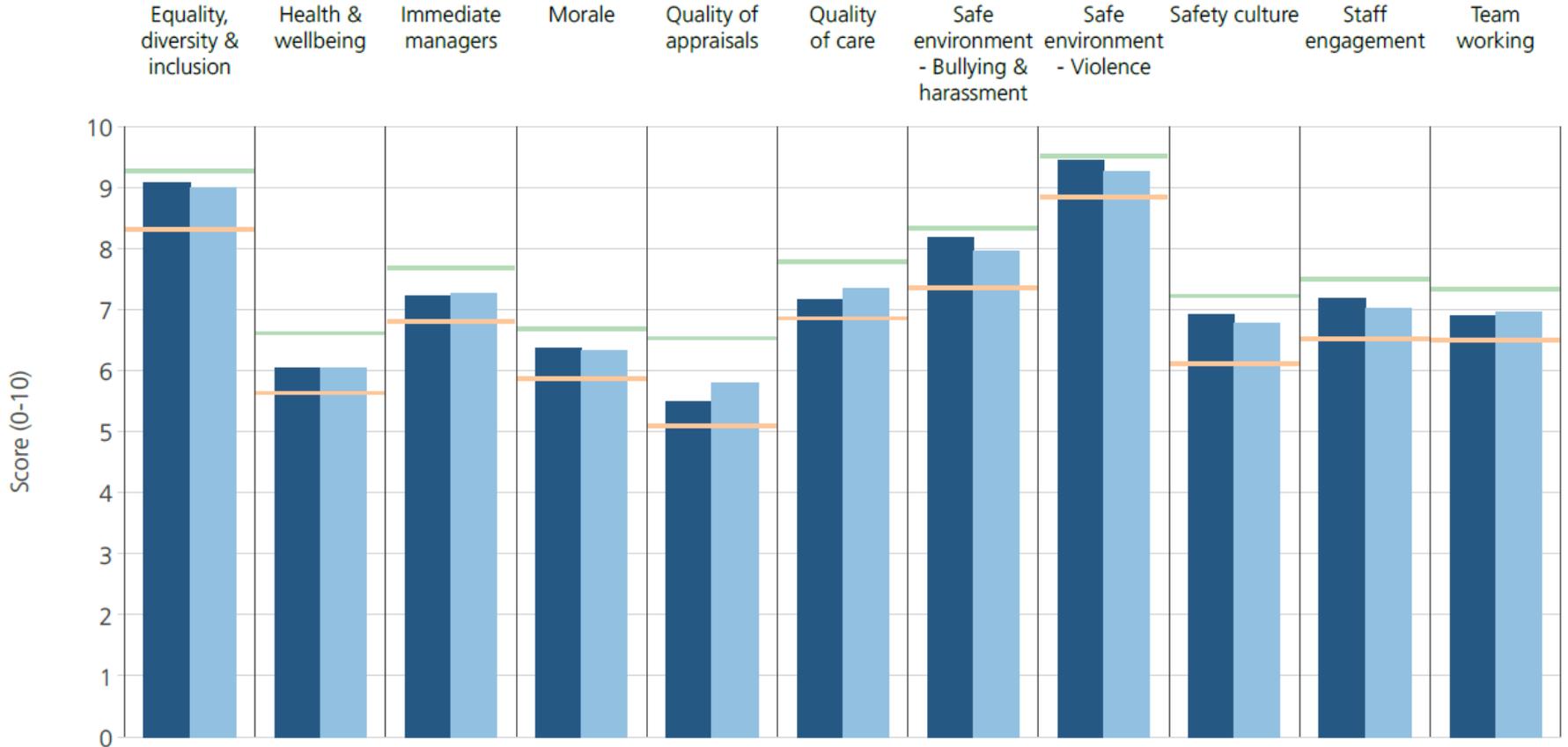
# Our 2019 Staff Survey

## Headlines:

- **A performance to be proud of given context of merger**
- **GCS services show some marked & sustained improvements**
- **2G services largely maintained position with a few exceptions & remained in top half of MH/LD Trusts**
- **GCS, 3rd best Community Trust for colleagues recommending the Trust as a place to receive care**
- **2G, 4<sup>th</sup> best MH/LD Trust for colleagues recommending Trust both as (A) a place to receive care and (B) an organisation to work for**
- **2G 6/11 Themes above benchmark cluster average**
- **GCS 8/11 Themes improved**
- **Staff engagement rating for GCS improved to 7.1, the highest score in 5 years, while 2G remained at 7.2, in top half of MH/LD Trusts**

)

# 2G

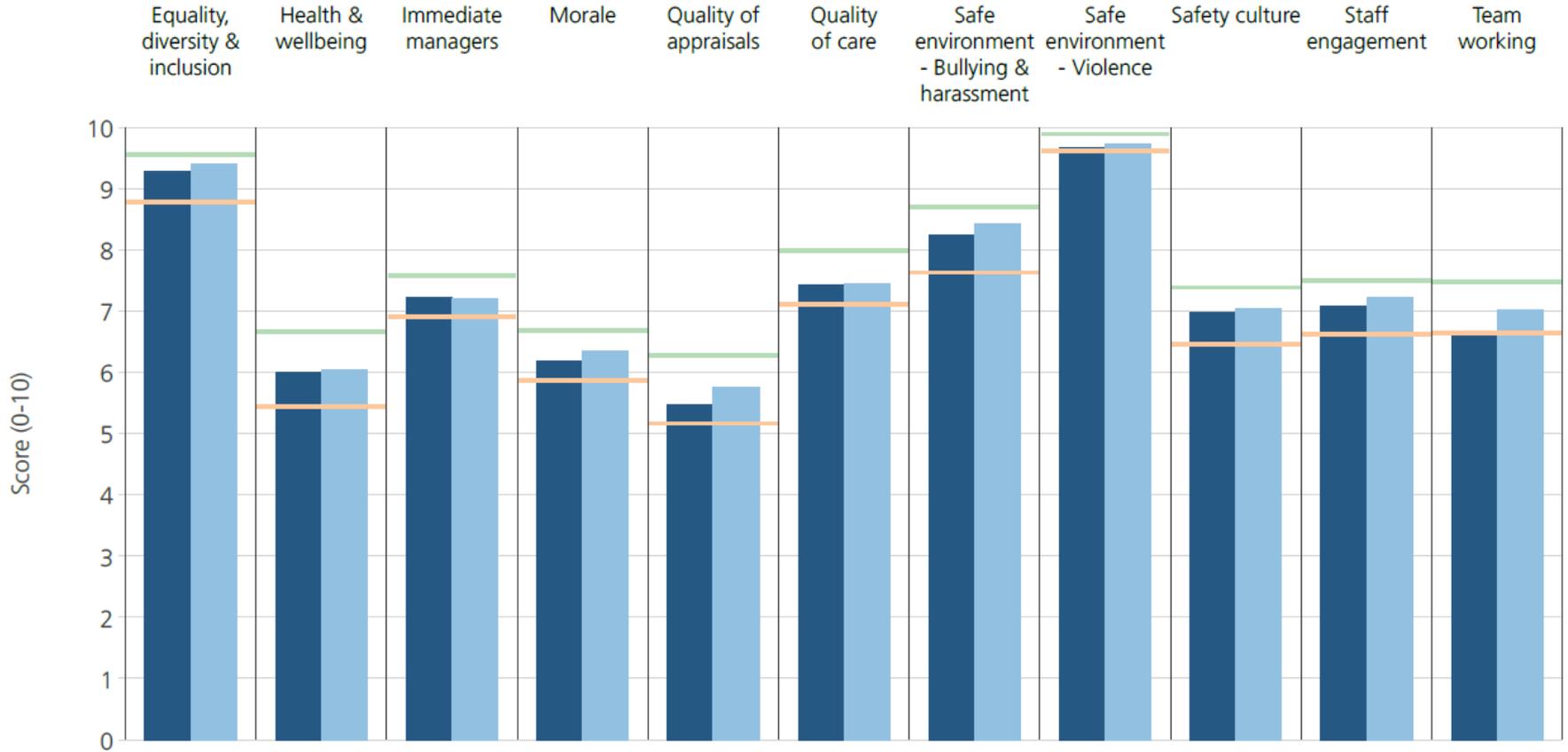


<b>Best</b>	9.3	6.6	7.7	6.7	6.5	7.8	8.3	9.5	7.2	7.5	7.3
<b>Your org</b>	9.1	6.0	7.2	6.4	5.5	7.2	8.2	9.4	6.9	7.2	6.9
<b>Average</b>	9.0	6.0	7.3	6.3	5.8	7.4	8.0	9.3	6.8	7.0	7.0
<b>Worst</b>	8.3	5.6	6.8	5.9	5.1	6.9	7.4	8.8	6.1	6.5	6.5
<b>Responses</b>	691	698	702	694	593	536	695	694	693	708	698

)



# GCS



<b>Best</b>	9.6	6.7	7.6	6.7	6.3	8.0	8.7	9.9	7.4	7.5	7.5
<b>Your org</b>	9.3	6.0	7.2	6.2	5.5	7.4	8.3	9.7	7.0	7.1	6.6
<b>Average</b>	9.4	6.0	7.2	6.3	5.8	7.4	8.4	9.7	7.0	7.2	7.0
<b>Worst</b>	8.8	5.4	6.9	5.9	5.2	7.1	7.6	9.6	6.5	6.6	6.6
<b>Responses</b>	868	881	882	878	780	745	878	875	876	886	865

# 2019 NHS Staff Survey: Results Summary



Gloucestershire Health and Care  
NHS Foundation Trust

All of the eleven themes are scored on 0-10 scale, where a higher score is more positive than a lower score. The scores have been calculated with weighting from converting former 2g and GCS 2019 Staff Survey results. These theme scores are created by scoring question results and grouping these results together.

You can see how we have scored on each of the themes compared to average below. Both Trusts had the lowest response rate for five years - 36% for former GCS, 33% for former 2g.



Equality diversity & inclusion

2019 GHC Score



Average Community and MH Trust Score - 9.1



Health & Wellbeing

2019 GHC Score



Average Community and MH Trust Score - 6.1



Immediate managers

2019 GHC Score



Average Community and MH Trust Score - 7.2



Morale

2019 GHC Score



Average Community and MH Trust Score - 6.3



Quality of appraisals

2019 GHC Score



Average Community and MH Trust Score - 5.7



Quality of care

2019 GHC Score



Average Community and MH Trust Score - 7.4



Safe environment - Bullying & harassment

2019 GHC Score



Average Community and MH Trust Score - 8.2



Safe environment - Violence

2019 GHC Score



Average Community and MH Trust Score - 9.5



Safety culture

2019 GHC Score



Average Community and MH Trust Score - 6.8



Staff engagement

2019 GHC Score



Average Community and MH Trust Score - 7.1



Team working

2019 GHC Score



Average Community and MH Trust Score - 6.9

How our scores compare to other community and mental health benchmarking groups.



# 2019 Staff Survey - GLOUCESTERSHIRE

(calculated with weighting for GHC from 2g and GCS results)



Gloucestershire Health and Care  
NHS Foundation Trust

	EDI	H&W	Immediate Managers	Morale	Appraisals	Qual of Care	Safe: B&H	Safe: Violence	Safety Culture	Staff Eng	Team Work
GHC	9.2	6.0	7.2	6.3	5.5	7.3	8.3	9.6	7.0	7.1	6.7
Combined Comm/MH Trust Average	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
Better/Worse than Ave	↑	↓			↓	↓	↑	↑	↑	↑	↓
Improved/worse	↓				↑	↑	↑		↑		↓
GHT	9.1	5.8	6.8	6.1	5.2	7.3	8.0	9.4	6.5	6.9	6.5
GCCG	9.3	6.9	6.9	6.4	5.2	7.2	8.7	10	6.7	7.0	6.4

Compared with GHT – GHC had 10 Higher. 0 Lower. 1 Same.

Compared with GCCG – GHC had 6 Higher. 5 Lower. 0 Same.



# Some common ground



- GCS** achieved its highest ratings for:
- Equality, Diversity and Inclusion
  - Safe Environment – Violence
  - Safe Environment – Bullying and Harassment



- 2g** achieved its highest ratings for:
- Equality, Diversity and Inclusion
  - Safe Environment – Violence
  - Safe Environment – Bullying and Harassment



- GCS** achieved its lowest ratings for:
- Health and Wellbeing
  - Morale
  - Quality of Appraisals



- 2g** achieved its lowest ratings for:
- Health and Wellbeing
  - Morale
  - Quality of Appraisals

## Response Rates

Both Trusts had **lowest response rates for 5 years** – 36% for GCS and 33% for 2g.



with you, for you

# Some differences



Of the **GCS** survey themes:

- 8 had improved over 2018
- 2 remained the same as 2018
- 1 had reduced over 2018



Of the **2g** survey themes:

- 2 had improved over 2018
- 3 remained the same as 2018
- 6 had reduced over 2018



**GCS** was average in 5 themes and below average in 6



**2g** was better than average in 6 themes, average in 1 and below average in 4

Workforce Race Equality Standard	Workforce Disability Standard
2g rated above average on all 4 questions.	2g rated above average for 6 out of 9 questions.
GCS rated above average for 2 questions and below for 2.	GCS rated below average on all 9 questions.



# 2019 Staff Survey - OTHER LOCAL TRUSTS

(calculated for GHC from 2g and GCS results)



**Gloucestershire Health and Care**  
NHS Foundation Trust

	EDI	H&W	Immediate Managers	Morale	Appraisals	Qual of Care	Safe: B&H	Safe: Violence	Safety Culture	Staff Eng	Team Work
<b>GHC</b>	9.2	6.0	7.2	6.3	5.5	7.3	8.3	9.6	7.0	7.1	6.7
<b>Combined Comm/MH Trust Average</b>	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
<i>AWP</i>	9.0	5.9	7.3	6.1	5.3	7.0	7.7	9.3	6.4	6.8	6.8
<i>WHCT</i>	9.3	6.4	7.5	6.5	5.7	7.4	8.3	9.5	7.1	7.2	6.9
<i>WVT</i>	9.1	6.0	7.0	6.4	5.5	7.6	8.0	9.5	6.7	7.2	6.9
<i>WAHT</i>	9.2	5.7	6.8	6.1	5.2	7.5	7.9	9.5	6.6	6.9	6.7

## Other key highlights:

- Compared with AWP – GHC had 9 scoring higher, 2 lower & 0 the same.
- Compared with WHCT – GHC only had 1 higher, 9 lower & 1 the same. Sarah Dugan focus on culture & engagement.
- Compared with WVT – GHC had 5 higher, 4 lower & 2 the same.
- Compared with WHAT – GHC had 8 higher, 1 lower & 2 the same.



# 2019 Staff Survey - OTHER RECENTLY MERGED TRUSTS

(calculated for GHC from 2g and GCS results)



Gloucestershire Health and Care  
NHS Foundation Trust

	EDI	H&W	Immediate Managers	Morale	Appraisals	Qual of Care	Safe: B&H	Safe: Violence	Safety Culture	Staff Eng	Team Work
<b>GHC</b>	9.2	6.0	7.2	6.3	5.5	7.3	8.3	9.6	7.0	7.1	6.7
<b>Combined Comm/MH Trust Average</b>	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
<i>UHB</i>	8.9	5.6	6.7	5.9	5.4	7.4	8.0	9.5	6.5	6.9	6.3
<i>BWC</i>	9.1	5.8	7.0	6.1	5.5	7.2	8.2	9.7	6.8	7.1	6.6
<i>ESNE</i>	9.1	5.7	6.6	6.0	4.9	7.3	7.8	9.4	6.5	6.8	6.3
<i>STS</i>	9.3	5.9	6.8	6.1	5.3	7.6	8.3	9.5	6.8	6.9	6.5
<i>CPT</i>	9.4	6.1	7.4	6.4	5.3	7.3	8.2	9.5	6.7	7.1	7.0

## Other key highlights:

- Compared with UHB – GHC had 10 higher, 1 lower & 0 same.
- Compared with BWC – GHC had 8 higher, 1 lower & 2 same.
- Compared with ESNE – GHC had 10 higher, 0 lower & 1 same.
- Compared with STS – GHC had 8 higher, 2 lower & 1 same.
- Compared with CPT – GHC had 4 higher, 5 lower & 2 same.



# Our 2019 Staff Survey

## Key focus areas:

- Deep dive into data
- Shared & discussed with colleagues – impacted by COVID
- Improve (1) health & wellbeing, (2) Engagement, (3) Communications & (4) Leadership skills, values & behaviour
- Ensuring Team Working is core element of new OD Leadership Development offer for later in 2020/21
- Target improvement in response rates
- Understanding the differences in WDES and WRES ratings & take identified actions
- Considering our approaches with ex 2G colleagues generally & some ex GCS teams – there are examples of corporate and operational teams impacted by the merger
- Identify good practice from other Trusts

# COVID impact

## COVID impacted on staff engagement & involvement

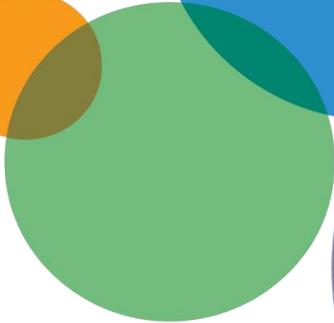
- **Stood down usual approaches** - Staff Forum, Meet the Executives
- **Continued to run regular virtual meetings** with staff side colleagues in our professional associations and trades unions
- The **Staff Hub** is being used by many to comment and enquire
- We're making the most out of **Microsoft Teams** videoconferencing and teleconferencing to engage and inform colleagues, 121s, Team Huddles etc
- Virtual **Senior Leadership Networks** in May and June
- Virtual **Team Talk** has been re-initiated this month
- Virtual **Joint Negotiating and Consultative Committee** in July
- Virtual **ICS Social Partnership Forums** in place bi-monthly
- National instruction to stand down **Staff FFTs** etc at end of March
- **BAME, Disability and LGBTQ Focus Groups & Valuing Difference Network**
- Reinitiating **"Your Voice"** Monthly Pulse Survey's this month
- Signed up to new **national Health/Well-being Survey**



with you, for you



**Gloucestershire Health and Care**  
NHS Foundation Trust



working together | always improving | respectful and kind | making a difference

**AGENDA ITEM: 9**

**Paper D**

**Report to:** Council of Governors – 17 June 2020  
**Author:** Assistant Trust Secretary  
**Presented by:** Head of Governance and Trust Secretary  
**SUBJECT:** **Governor Membership and Election Update**

<b>Can this subject be discussed at a public Governor meeting?</b>	<b>Yes</b>
<b>If not, explain why</b>	

<b>This report is provided for:</b>
Decision                      Endorsement                      Assurance <b>Information</b>

**PURPOSE OF REPORT**

To update the Council of Governors on changes to the membership of the Council and to set out the proposed schedule for Governor elections, to commence in June 2020.

**RECOMMENDATIONS**

The Council of Governors is asked to NOTE the current membership of the Council and the proposed timeline for elections.

## **EXECUTIVE SUMMARY**

### **Governor Membership and Vacant Positions**

At the March 2020 Council of Governors meeting, an update was presented on changes to the membership of the Council, including the introduction of newly appointed Staff Governors, and an update on the planned election process. At that time, the Trust was holding 4 vacant Public Governor posts, with a further Public Governor position due to become vacant from 1 August 2020 (the current Governor would have served 2 full terms and therefore not be eligible to re-stand). In the previous report it had been proposed that the elections for these posts commence from 1st April, with a target for new members to be in place by the June Council of Governors meeting.

The Trust received national guidance from NHSI on 28 March relating to reducing the burden and releasing capacity at NHS Trusts to help manage Covid19. This guidance provided support for Trusts to free-up management capacity, and prioritise workload to be focused on doing what was necessary to manage the response to the pandemic. This meant that a number of key governance functions were put on hold, including the ability to carry out Governor elections. However, new guidance published w/c 25 May now states that Trusts should start to reinstate their governance processes, which means that we can once again look to commence our elections to fill these vacant posts.

Since the last Council meeting, two further Governor resignations have been received. The Trust's Lead Governor and Public Governor for the Forest, Simon Smith tendered his resignation on 2 June. This vacant post will be included in the upcoming round of elections. Additionally, the Gloucestershire CCG Appointed Governor representative, Dr Lawrence Fielder tendered his resignation in May. Lawrence was no longer eligible to represent the CCG following his retirement from general practice. In line with the appointment process for Appointed Governors, the CCG have been contacted and invited to nominate a suitable candidate to take up this position.

The Council is asked to note that in addition to these vacant posts, one Governor will be coming to the end his first term on 31 July 2020 and it will therefore be necessary to carry out an election for this position also. This Governor can be re-elected for a second term, should he wish to stand.

Any further appointments in the staff category (currently 1 vacancy) will be held until completion of the review and refresh work to enable consideration of the appropriate balance of public and other governors.

Attached as Appendix 1 is the current list of Trust Governors, along with appointment dates. The balance of Public and other Governors will be considered as part of the Governor Membership Review and Refresh work, to ensure that Public Governors can maintain their overall majority on the Council, in line with the Constitution.

### **Proposed Timeline for election**

The Trust will be looking to hold elections for 7 Public Governor positions (6 vacant posts and 1 reappointment), as follows:

Constituency	Number of Posts
Cheltenham	2
Cotswold	1
Forest of Dean	2
Gloucester	1
Greater England and Wales	1

Initial discussions have taken place with Civica (formerly ERS), our electoral provider, and the following timeline has been agreed:

ELECTION STAGE	OPTION 1
Trust to send updated data to CES	Monday, 15 Jun 2020
Notice of Election / nomination open	Monday, 29 Jun 2020
Nominations deadline	Monday, 27 Jul 2020
Summary of valid nominated candidates published	Tuesday, 28 Jul 2020
Final date for candidate withdrawal	Thursday, 30 Jul 2020
Electoral data to be provided by Trust	Monday, 3 Aug 2020
Notice of Poll published	Thursday, 13 Aug 2020
Voting packs despatched	Friday, 14 Aug 2020
Close of election	Friday, 4 Sep 2020
Declaration of results	Monday, 7 Sep 2020

This timeline means that newly appointed/reappointed Governors will be able to join us at our September Council of Governors meeting, and our Annual Members Meeting which has been postponed until the end of September. The Governor currently up for reappointment may continue as a Governor in a non-voting capacity for the period between 1 August (end of his first term) and the end of the election process on 7 September.

Corporate Considerations	
<i>Quality implications</i>	None
<i>Resource implications:</i>	None
<i>Equalities implications:</i>	None
<i>Risk implications:</i>	There is a risk that the Trust will not be successful in recruiting to the Pubic Governor vacancies and will therefore be operating outside the Constitution, with a Staff Governor majority.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	X	Always improving	
Respectful and kind		Making a difference	

<b>Report authorised by:</b>	<b>Date:</b>
Lavinia Rowsell	

**Where has this issue been discussed before?** Previous Council of Governor meetings

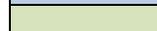
<b>Appendix to this Paper</b>	
Council of Governor Appointment Dates	Appendix 1

## Appendix 1

Governors				
Name	Constituency	Sub-constituency	Date Appointed	End of Term*
Stephen McDonnell	Public	Cheltenham BC (2 posts)	1 August 2017	31 July 2020
Vic Godding*	Public		1 August 2017	<b>31 July 2020*</b>
Jenny Hincks	Public	Cotswold DC (2 posts)	1 July 2019	30 June 2022
VACANT	Public			
VACANT	Public	Forest DC (2 posts)		
VACANT	Public			
Said Hansdot*	Public	Gloucester City (2 posts)	1 July 2019	<b>30 June 2022*</b>
VACANT	Public			
June Hennell	Public	Stroud DC (2 posts)	1 July 2019	30 June 2022
Mervyn Dawe*	Public		1 July 2019	<b>30 June 2022*</b>
Josephine Smith*	Public	Tewkesbury BC (2 posts)	15 July 2018	<b>14 July 2021*</b>
Bren McInerney	Public		6 November 2017	5 November 2020
VACANT	Public	Greater England and Wales		
Faisal Khan	Staff	Medical, Dental & Nursing (4 posts)	1 January 2018	31 December 2021
Anneka Newman	Staff		2 August 2018	1 August 2021
Katherine Stratton	Staff		1 March 2020	28 February 2023
VACANT**	Staff (GCS)			
Nic Matthews	Staff	Health and Social Care Professions (3 posts)	1 June 2018	31 May 2021
Alison Feher	Staff		1 June 2018	31 May 2021
Sarah Nicholson	Staff		9 March 2020	6 March 2023
Katie Clark	Staff	Management, Admin & Other (3 posts)	15 Dec 2018	<b>14 Dec 2021*</b>
Karen Bennett	Staff		27 Nov 2019	26 Nov 2022
Anne Roberts	Staff		27 Nov 2019	26 Nov 2022
Brian Robinson	Appointed	Glos County Council(1 post)	01 March 2020	n/a
VACANT	Appointed	Gloucestershire CCG (1 post)		

\* Second term - Cannot stand for election again

\*\* Post to be held vacant until the Governor Membership review and refresh work has taken place

 = Vacant Post/soon to become vacant  
 = Due up for reappointment

**Agenda Item: 10**

**Paper E**

**Report to:** Council Of Governors – 17 June 2020

**Author:** Gillian Steels – Trust Secretary Advisor

**Presented by:** Lavinia Rowsell – Head of Corporate Governance and Trust Secretary

**SUBJECT:** **Review and Refresh - June Update and Next Steps**

<b>Can this report be discussed at a public Council of Governor?</b>	<b>Yes</b>
<b>If not, explain why</b>	

<b>This report is provided for:</b>			
Decision	<b>Endorsement</b>	Assurance	Information

### **EXECUTIVE SUMMARY**

As the Council is aware, work is ongoing to support the Council of Governors' development to reflect its revised remit as the Council of Governors for a Trust which now has a remit in physical health as well as mental health services **and** a Trust which is committed to transforming the way it meets the needs of its communities.

As an integral part of the Trust's governance it is important that the Council of Governors is informed by best practice in its operation and best use is made of the Council and the time given by the governors to support continuing good governance.

The planned work which was supported when this issue was discussed in March has been on hold during the period of the Trust's Covid-19 Response, due to the demands on the time of those needed to engage with the planned process and whilst governor confidence in tele/video conferencing was developing. As time pressures have eased and governors have demonstrated an increased willingness to take part in remote sessions it is planned to restart this work with a set remit as detailed below.

## RECOMMENDATIONS

- 1) To **NOTE** the update on actions to support the development of the Council of Governors to reflect best practice and its revised role as the Council of Governors of a Trust providing physical and mental health services;
- 2) To **NOTE AND CONFIRM** the revised proposals for the establishment of a short term Governor Constitution to consider future membership categories and size of the Council of Governors;
- 3) To **NOTE AND CONFIRM** the revised proposals for establishment of a short term Governor Membership Working Group to support effective membership working.
- 4) **NOTE** the proposed Skills Audit form.

## CONTEXT

On 1<sup>st</sup> October 2019 2gether NHS Foundation Trust formally acquired Gloucestershire Care Services NHS Trust to become Gloucestershire Health and Care NHS Foundation Trust, in a transition which has been progressed as a merger, bringing together mental and physical health services to better support the needs of our community. As part of this process it was recognised that the members of both the Trust's Membership and the Council of Governors would need to develop in order to reflect the increased breath of the newly formed organisation.

## POSITION

As part of this process a number of steps have been ongoing:

**Membership:** work to further promote the Membership of the Trust to recognise its increased breadth.

**Council of Governors:**

### (i) Council of Governors Review Session

In the autumn a workshop with a number of governors, supported by Angela Potter, Director of Strategy and Partnerships considered the role and purpose of the Council of Governors and how to best support them and make best use of their contribution to the governance of the Trust.

In response to this a number of **actions** were put in place:

	Action	Purpose	Update March 2020	Update June 2020
1.	Locality Paired Visits with locality Non-Executive Director	(a) To put in place visits which reflect the constituency	A number of visits have taken place and an ongoing	Visits are currently suspended due to Covid-19. Any

	Scheduled	<p>nature of Governor Membership.</p> <p>(b) To provide an opportunity to build a rapport with Non-Executive Directors to support development of confidence as part of the holding to account process.</p> <p>(c) To support Governors in obtaining the views of members and the wider public which can then be fed into discussions at meetings, for example to provide reviews for the “forward plan”.</p>	<p>schedule has been developed. A feedback form, which reflects the distinctive nature of these visits from visits by Directors is being finalised.</p>	<p>resumption would be subject to risk assessment of the area proposed for visit and of the individuals proposed to take part.</p> <p>Alternative ways to engage are being considered. The Trust Executive have just restarted Team Talk – one of the processes used to cascade information through the organisation - using Microsoft Teams and the option of using technology in this way could be considered.</p> <p>For example could Governors engage with our volunteers, many of whom may have been isolating to “check in” with the ones who are normally active in their constituency.</p>
2.	Review of approach by peer Trusts undertaken	<p>Identification of good practice and variation in practice which could be considered by the Council to improve its operation and make best use of the time given by the governors.</p>	<p>As previously advised the Trust Secretariat Team has been reviewing practice to provide an update for consideration by the Council of Governors. See below.</p>	

3	Provide training and development for the Council of Governors	<p>(a) ensure new and existing Governors have a common understanding of the role and their responsibilities</p> <p>(b) support new governors into transitioning into their role.</p> <p>(c) make best use of governor time.</p>	<p>(a) Governwell leading experts in NHS governance to provide training sessions to Council when new governors in place.</p> <p>This will support understanding of key elements of role: holding to account of the Non-Executive Directors and representing the interests of the members of the Trust and the interests of the public.</p> <p>(b) induction pack put in place and positive feedback received.</p> <p>(c) induction session refreshed – and positive feedback received.</p>	<p>Governwell are being contacted to see if they could run an on-line session in Sept-Oct, when the new governors should be in place, and then a session in Jan/Feb which it is hoped could be face to face (with potentially an on-line element for any governors identified through risk assessment as being at heightened risk through face to face delivery)</p>
---	---	---	--	--

**(ii) Proposed Next Steps Review and Refresh Work**

**June 2020 Update**

We plan to take forward the workshops as set out below, through meetings via Teams which will be open to all Council members to take part in. It is planned there will be two meetings of each group, targeted to take place over the next 4-6 weeks, with a worked up proposition covering the areas below to be put to the groups for consideration and revision. The groups will be chaired by Ingrid and there will be one or two Non-Executive Directors on each group, reflecting the interrelation between the Board and the Council. As a minimum we would like to have two public and two staff governors on each group, and appointed governors' perspective would also be valued, but time constraints are recognised.

To feed into this process as previously discussed it is planned to conduct a governor skills audit (please see attached draft which is included for comment).

Please advise your willingness to be involved at the meeting to Lavinia.Rowsell@ghc.nhs.uk

	<b>Proposal</b>	<b>Remit</b>	<b>Process</b>
1.	<p>Establish short term Governor Constitution and Governance Working Group to consider future membership categories and size of the Council of Governors and ways of working</p>	<p>To consider governing body composition:</p> <p>(i) Overall Size – to ensure size is not unmanageable;</p> <p>(ii) Sizes of categories – particularly staff membership which now seems out of balance in contrast to other categories compared with other Trusts;</p> <p>(iii) Categories of membership, would there be any value in adding patient or carer categories or does the current process provide;</p> <p>(iv) Categories of appointed membership, some Trusts include youth council, volunteer group, age uk, equality commission</p> <p>(v) Consideration future ways of working reflecting the core remit of the Council of Governors: Holding to account of the Non-Executives and representing views of membership; (this will include considering Council Agenda cycle, frequency of meetings, attendees at meeting, agenda format, paper format, Committee Membership, Committees required going forward.</p> <p>(vi) required process, timeline for making any changes.</p> <p><b>Constraint/Challenges within this work:</b></p> <p>Ensuring the Council continues to work effectively, ensuring</p>	<p><b>Timeline –</b> Recommendation to be developed for September Council of Governors meeting.</p> <p>(Amendments to the Constitution are approved by the Council of Governors, with consideration from the Board).</p> <p>Group able invite NED or Executive if required</p> <p>Communication Team input also to be provided.</p> <p>Trust Secretariat to support Working Group</p>

		diversity, functionality, recognising the capacity of governors and NHS staff	
	<b>Proposal</b>	<b>Remit</b>	<b>Process</b>
2.	Establish short term Governor Membership Working Group to support effective membership working.	<p>(i) how can governors help promote membership of the Trust <b>and increase diversity of membership;</b></p> <p>(ii) how can governors engage with members;</p> <p>(iii) how can the Trust engage best with its members;</p> <p>(iv) how can we promote membership across the breadth of the Trust's services;</p> <p>(v) how can governor visits to localities be used to provide membership links.</p> <p><b>Constraints/challenges to be recognised within this work:</b> NHS resourcing challenges and governor capacity.</p> <p>Proposals will need to recognise these challenges.</p>	<p><b>Timeline –</b> Recommendation to be developed for September Council of Governors meeting.</p> <p>Group able invite NED or Executive if required</p> <p>Communication Team input also to be provided.</p> <p>Working Group to be supported by Trust Secretariat.</p>

<b>Report authorised by:</b>	<b>Date:</b>
Lavinia Rowsell	

<b>Where has this issue been discussed before?</b>	<b>Date:</b>
Council of Governors	

<b>Appendices:</b>	<p>App 1 – Draft Skills Audit</p> <p>App 2 - Good Governance Think Piece on Governors attached to stimulate thoughts to be considered by the working groups.</p>
--------------------	--

**Skills Audit – GHC Governors**

Please complete the skills assessment below to help inform the Training and Development Plan for the Governors and planned training sessions.

It will also be used to inform Council of Governor Committee membership options and links to Board Committees.

	Very Good	Good	Sufficient	Limited	Comments
Knowledge of GHC and its services					
Knowledge of the wider health economy					
Understanding of Your overall role as a Governor					
Your role in holding the board of directors to account					
Your role in representing your constituency					
Your confidence in engaging with a wide range of people					
Your communication skills written, oral, presentation and public speaking					
Your understanding of the role of audit and the Councils' role in appointing the external auditor					
Working as part of a team on the council					
Use of Information Technology /electronic communications					
Chairing meetings					
Influencing, negotiating and skills to challenge					
Strategic Planning					
Communications and Marketing					
Human resources and Senior level recruitment					
Equality and Diversity					
Finance					

Any other areas you would like to highlight: \_\_\_\_\_

Areas of Trust work you are most interested in: \_\_\_\_\_

# Governors

May 2020



If the job of a non-executive director in the NHS is difficult what about the role of a governor? Governed in the main by two Acts of Parliament, the descriptions of the responsibilities may look simple on paper but they are far from easy to deliver well. And it's not the fault of the governors...

Principally, governors are tasked with holding the non-executive directors individually and collectively to account for the performance of the board (rather than the trust). The logic behind this is that the governors appoint, review, renew and, occasionally, dismiss the non-executives. If they aren't happy with the performance of the executive team then it's up to the non-executives to deal with that; to fail to do so would bring into focus the performance of the non-executives in relation to the performance of the board.

Secondly, governors represent the interests of the members of the corporation as a whole, and the interests of the public. In other words 'get behind your local NHS and tell the world about it'. Then there are a hotchpotch of other important but usually dull responsibilities such as reappointing the auditors, etc.

Not much has been written about how to deliver governors' responsibilities and this bulletin sketches out some suggestions, prefacing a fuller board assurance prompt to be published shortly. It is not a comprehensive description of everything governors undertake unless they are part of achieving their main objectives.

## **Holding to account**

Let's be clear – governors are not line managers and their job is not relationship driven. Responsibility and liability sit with the board so the assessment is about the performance of the entity.

There's a difference between accountability and holding to account. If you are accountable you are responsible for delivering services and outcomes, are expected to explain and sometimes justify your actions and should expect to be judged, which may have consequences.

Holding to account involves receiving information, explanation and justification for what has been done (or not done). This presents the opportunity to test the account through questioning to arrive at a view and to comment. The governor's role is to make sure non-executives are held to account and to test that accountability. In their turn the non-executives hold the executive team to account.

### **Critical friend**

Clearly, this cannot just be a paper exercise. Governors need to see non-executives in action at board meetings and also in committee where you are much more likely to see people's real capabilities. The nervousness about inviting governors to committee meetings is ill-founded. If they are not prepared to be a critical friend – with the emphasis on friend – then they have no business being a governor. The code of conduct for governors and the confidentiality arrangements they sign up to match those of board members so there should be no issue sharing papers, discussions and insights with them. Governors will bring a different perspective and their views are as valid as anybody's. At GGI when we are evaluating boards, we find the governors key informed witnesses who are able to give a view of board performance over time.

Setting up governor groups to offer their perspective on particular subject areas or for specific tasks offers opportunities for directors and governors to work together to solve trust issues and provide insights into the holding to account

As a governor, how should you assess this? The CQC looks at how well-led a trust is as a key part of its assessment and the criteria it uses are helpful to frame thinking:

- Consider the leadership capability and capacity of the board – is it visible and approachable?
- Does the board show clear vision and a credible strategy, built from a good design process and are discussions driven from the strategy?
- Is there an evident and palpable culture of high quality care – does the board take notice of what patients and staff are saying?
- Are responsibilities clear – are there roles and systems in place and in use to promote good governance?

- How well is risk managed – are strategic risks linked to strategy and is the board assurance framework a driving force for the work of the board?
- Does the board deal with data or information – are they being given the wherewithal to make informed decisions that can be challenged and acted on?
- Is there a yearning to learn – are innovation, improvement and development running through the veins of the organisation? How open is the culture as evidenced by people’s willingness to report incidents, speak out and tell it how it is, safe in the knowledge that there will be a positive response?

## **Representation**

If holding to account is difficult, that’s nothing compared with representing the interests of the members of the trust and the public. This is best seen as a joint endeavour between the trust and the governors. Foundation trusts have the equally challenging responsibility in statute to develop a membership reflecting the make-up of their communities. In multi-cultural areas of the country this is quite a task. It is always a challenge to get younger people, indeed people of working age, involved. We see very varied attempts to engage with the so-called ‘hard-to-reach’ voices. Some trusts and governors groups are much more imaginative about discharging their responsibilities than others. Not all trusts make meaningful resources available to governors to enable this element of their role.

Most trusts have a newsletter in physical and electronic form and offering governors space to talk about themselves and what they are doing can be invaluable as can taking a step further and offering an insert covering governor matters.

Others run governor working groups dealing with membership development. Devising a membership strategy offers something measurable and acknowledges the value the trust places on developing its membership. After all, the NHS is the people’s service and engagement lies near the heart of providing good services.

One trust sponsored a dietician to find a way into a hard-to-access community, by offering healthier cooking tips. Over time this led to an increase in membership from this group and eventually to one of them being elected as a governor. Finding connections is something governors, from the heart of their community, can do and it will help them to represent the interests of their communities and then tell them about it while at the same time helping the trust to build a membership to reflect those it serves.

## Call to action

Governors are here to stay and non-foundation trusts can expect to be asked to extend their community involvement on the back of the pandemic – and the national mood makes it a good time to do this.

Embracing the concept with all its challenges is overdue and some of the suggestions in this bulletin could make a huge reputational difference.

When seeking to engage with a community, first consider their interests and what is important to that group of people, at that specific time, before seeking engagement on bilateral issues.

Governors could also consider developing a social media strategy to help reach out to local charity and community groups. Some governors use their personal social media accounts to spread news and garner views. A good social media strategy (and policy) would enable a more systematic approach to an increasing means by which the public gain information and offer opinion.

We are preparing a much more detailed exploration of these issues now and are keen to hear your views. If this briefing prompts any questions or comments, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk).

## Non-Executive Director Portfolios

Updated June 2020

NON-EXECUTIVE DIRECTOR	LOCALITY	CHAMPION	AUDIT *	CHARITABLE FUNDS	MENTAL HEALTH ACT	QUALITY	RECOM / ATOS	RESOURCES
<b>Graham Russell</b> (Vice-Chair)	Stroud		✓	✓			✓	✓ (Chair)
<b>Marcia Gallagher</b> (SID)	Forest	<ul style="list-style-type: none"> <li>Counter-fraud, Security and Procurement</li> </ul>	✓ (Chair)	✓ (Vice-Chair)			✓	
<b>Dr Stephen Alvis</b> (Associate)		<ul style="list-style-type: none"> <li>Primary Care networking county-wide</li> </ul>			✓ (Vice-Chair)	✓		
<b>Steve Brittan</b> (Associate)	Tewkesbury	<ul style="list-style-type: none"> <li><i>Technology and Innovation (to be confirmed)</i></li> </ul>	✓				✓	✓
<b>Maria Bond</b>	Cotswold	<ul style="list-style-type: none"> <li>Emergency Planning</li> </ul>	✓ (Vice-Chair)			✓ (Chair)	✓	
<b>Sumita Hutchison</b>	Gloucester	<ul style="list-style-type: none"> <li>Equality and Diversity</li> <li>Climate Protection</li> </ul>		✓ (Chair)		✓	✓	✓ (Vice-Chair)
<b>Jan Marriott</b>	Cheltenham	<ul style="list-style-type: none"> <li>FTSU</li> <li>Learning Disabilities</li> <li>Learning from Death</li> </ul>			✓ (Chair)	✓ (Vice-Chair)	✓	✓
<b>Duncan Sutherland</b>	Herefordshire	<ul style="list-style-type: none"> <li>Safeguarding</li> <li>Health &amp; Safety</li> </ul>			✓		✓	✓

\*All NEDs are members but 4 are nominated as regular attendees